

Optimal medical Therapy shows clinical benefits in patients with AMI after PCI

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Background/Aims: The clinical impact of optimal medical treatment (OMT) is not evaluated well in patients with acute myocardial infarction (AMI) receiving percutaneous coronary intervention. We aimed to evaluate the impact of OMT on long-term clinical outcomes compared to ‘non-OMT’ patients.

Methods: Using records of The Health Insurance Review & Assessment (HIRA), patients diagnosed as AMI underwent PCI using DES were enrolled. OMT group was defined as patients with treatment including all dual anti-platelet therapy (DAPT), ACEi/ARB (angiotensin-converting enzyme inhibitors/angiotensin II receptor blocker) and statin. Primary endpoint was defined as all-cause death and secondary endpoint was the composite outcome of death and coronary revascularization. A propensity-score (PS) matching analysis were performed.

Results: Patients were screened between July 2013 and June 2017, and total 35,972 patients were enrolled(Figure1). Fifty-seven percentages of patients were prescribed OMT at discharge. During 4 years follow-up period (median 2.0 [interquartile range: 1.1-3.2] years, the primary endpoint occurred in 1,067 (5.2%) patients in the OMT group and 1,019 (6.6%) patients in the non-OMT group (p<0.001). The risk of death and the composite outcome were significantly lower in OMT group compared to those of non-OMT group (death: adjusted HR 0.82, 95% CI 0.76-0.90, p<0.001; composite outcome: adjusted HR 0.89, 95% CI 0.85-0.93, p<0.001), which showed consistent results after PS matching(Table1).

Conclusions: As for our national cohort study, OMT group showed better clinical outcomes compared to non-OMT group regarding death and the composite outcome of death or coronary revascularization.

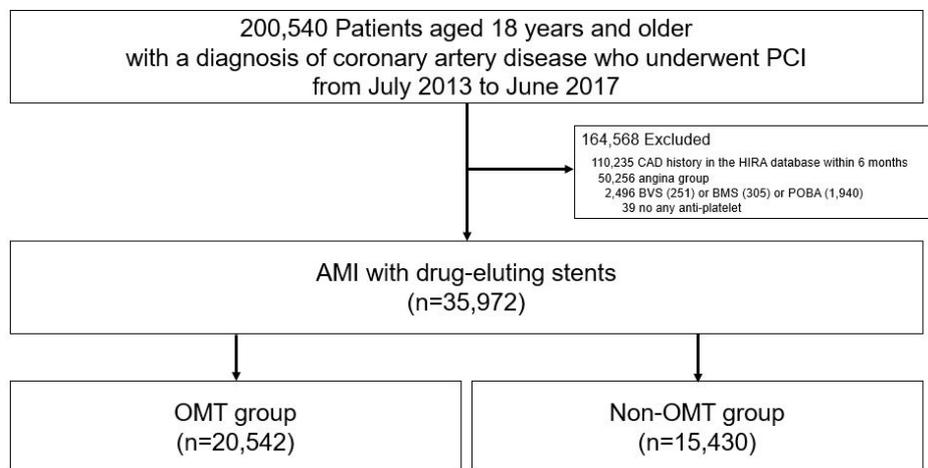


Figure 1

Table 1. Hazard Ratios for all-cause death and death/coronary revascularization[‡]

Overall population [‡]	Multivariate Adjusted [‡]	
	Adjusted HR* (95% CI) [‡]	p Value [‡]
All-cause death [‡]	0.82 (0.76-0.90) [‡]	<0.001 [‡]
Death/Coronary revascularization [‡]	0.89 (0.85-0.93) [‡]	<0.001 [‡]
Propensity-matched population [‡]	Multivariate Adjusted [‡]	
	Adjusted HR* (95% CI) [‡]	p Value [‡]
All-cause death [‡]	0.82 (0.75-0.90) [‡]	<0.001 [‡]
Death/Coronary revascularization [‡]	0.90 (0.85-0.94) [‡]	<0.001 [‡]

*Hazard ratio is the risk of OMT group for clinical outcomes compared with that of non-OMT group. ‡ HR, hazard ratio.