

Impact of age examined for ticagrelor monotherapy after PCI

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(HealthDay)—For patients undergoing percutaneous coronary intervention, ticagrelor monotherapy following three months of dual antiplatelet therapy significantly reduces clinically relevant bleeding

compared with ticagrelor with aspirin, without increasing ischemic events, according to a study published in the July 12 issue of *JACC: Cardiovascular Interventions*.

Dominick J. Angiolillo, M.D., Ph.D., from the University of Florida College of Medicine in Jacksonville, and colleagues conducted a prespecified analysis of the Ticagrelor With Aspirin or Alone in High-Risk Patients After Coronary Intervention trial to examine the possible benefits of ticagrelor monotherapy by age. Patients undergoing [percutaneous coronary intervention](#) with drug-eluting stents who fulfilled at least one clinical and one angiographic high-risk criterion were enrolled. After three months of dual antiplatelet therapy with ticagrelor, event-free patients were randomly assigned to an additional 12 months of ticagrelor plus placebo or ticagrelor plus aspirin.

Overall, 3,113 patients (47.7 percent) were 65 years or older. The researchers found that among patients aged 65 years and older, compared with ticagrelor plus aspirin, ticagrelor monotherapy significantly reduced Bleeding Academic Research Consortium type 2, 3, or 5 bleeding at one year after randomization (hazard ratio, 0.53; 95 percent confidence interval, 0.40 to 0.71) with no increase in [ischemic events](#) (hazard ratio, 0.96; 95 percent confidence interval, 0.68 to 1.35). These findings were consistent in [patients](#) younger than 65 years and across different age categories.

"These findings support such a bleeding avoidance strategy, which can be implemented without any signals for harm in [elderly patients](#) at increased risk for bleeding and ischemic complications," the authors write.

Several authors disclosed ties to the biopharmaceutical industry.

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