

Meta-analysis finds extended DAPT related to increased mortality after DES implantation

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Data from a meta-analysis published today in *The Lancet* found that extended duration dual antiplatelet therapy (DAPT) after drug-eluting stent (DES) implantation was associated with significantly higher rates of mortality compared to shorter DAPT.

The optimal [duration](#) of DAPT has been a matter of debate since the introduction of DES. A meta-analysis using multiple analytical approaches to investigate [mortality](#) and other clinical outcomes with different DAPT strategies was conducted.

Researchers examined 31,666 patients from 10 [randomized trials](#) comparing different durations of DAPT in patients treated with DES. The primary endpoint was all-cause mortality. Secondary pre-specified endpoints included cardiac death, non-cardiac death, [myocardial infarction](#) (MI), stroke, [stent thrombosis](#) (definite or probable), major [bleeding](#), and any bleeding. DAPT duration was categorized in each study as "shorter" vs. "longer," and >6 months vs. 1 year vs. >1 year. Analyses were performed by both frequentist and Bayesian approaches.

Shorter DAPT was associated with significantly lower rates of all-cause mortality compared to longer DAPT (HR=0.82, 95% CI 0.69-0.98, p=0.02; number needed to treat [NNT] =325). This difference was driven by a significant reduction of non-cardiac mortality with shorter DAPT (HR=0.67, 95% CI 0.51-0.89, p=0.006; NNT=347). No

significant difference in cardiac mortality was found between the shorter and longer strategies (HR=0.93, 95% CI 0.73-1.17, p=0.52). No significant heterogeneity across trials or between pooled trials stratified by DAPT duration was apparent.

Shorter DAPT was also associated with significantly lower rates of major bleeding (HR=0.58, 95% CI 0.47-0.72, p

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