

Two paths better than one for treating patients with heart stents, study shows

May 28 2020, by Ryan O'byrne



New research led by U of A cardiologist Kevin Bainey shows that a combination of the blood-thinning drug rivaroxaban and aspirin was significantly better than only one or the other in preventing heart attacks, strokes and death in patients who had an angioplasty with a heart stent. Credit: Jordan Carson

Pairing a blood-thinning drug with aspirin daily for patients who have an angioplasty with a stent can contribute to better health outcomes, including lower risk of death, than aspirin alone, according to a recent study by cardiologists at the University of Alberta and Mazankowski

Alberta Heart Institute.

Led by Kevin Bainey, a U of A interventional cardiologist and associate professor, the work [builds on the COMPASS study](#) that followed 27,400 people from around the world with stable coronary or peripheral artery disease. It shows that the combination of a small dose of the blood-thinning drug rivaroxaban twice daily plus 100 mg of aspirin once daily was significantly better than only one or the other in preventing [heart attacks](#), strokes and death.

"There are a lot of patients with stable coronary disease who have [stents](#) in their heart arteries. Most commonly, the only blood thinner they are taking is [aspirin](#)," Bainey said.

What he wanted to know was whether those patients would benefit in the same way from the COMPASS dual-pathway approach.

Bainey and colleagues from around the world focused on a subgroup of nearly 10,000 COMPASS participants who had previously had an angioplasty with a stent inserted in [blood vessels](#) in the heart, and found that the treatment did lead to better health outcomes in that group, reducing heart attacks, strokes and deaths.

The interesting twist, Bainey said, is that his study also showed that the time between a patient's prior coronary intervention and starting dual pathway treatment made no difference in improving the [health outcomes](#) for these patients.

"It didn't matter if a patient had a stent a year ago or 10 years ago; with this dual pathway strategy you still see an improvement in outcomes and, most importantly, an improvement in survival," he said.

The dual-pathway treatment has been approved by Health Canada for

use in patients with chronic coronary or peripheral disease. Thanks in part to COMPASS, Baine is hoping his research will encourage more cardiologists and physicians to prescribe it to patients with or without a prior stent.

"As an interventional cardiologist, I put a lot of stents in people, and the question in my mind is always, 'Can we improve upon their outcomes and reduce their residual risk?'" Baine said. "We're always trying to find ways to optimize their therapy.

"So when you have a drug that has been shown to improve a patient's survival, you really hope that it takes off as standard of care."

Baine's study, "Rivaroxaban Plus Aspirin Versus Aspirin Alone in Patients With Prior Percutaneous Coronary Intervention," was published in the journal *Circulation* in March.

More information: Kevin R. Baine et al. Rivaroxaban Plus Aspirin Versus Aspirin Alone in Patients With Prior Percutaneous Coronary Intervention (COMPASS-PCI), *Circulation* (2020). [DOI: 10.1161/CIRCULATIONAHA.119.044598](https://doi.org/10.1161/CIRCULATIONAHA.119.044598)

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