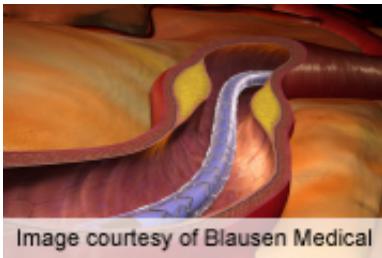


Drug-Eluting stents offer no advantage for A-Fib patients

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Drug-eluting stents do not seem to offer advantages over bare-metal stents for patients with atrial fibrillation who undergo percutaneous coronary intervention with stent implantation, according to research published in the July 1 issue of *The American Journal of Cardiology*.

(HealthDay) -- Drug-eluting stents (DESs) do not seem to offer advantages over bare-metal stents (BMSs) for patients with atrial fibrillation (AF) who undergo percutaneous coronary intervention (PCI) with stent implantation, according to research published in the July 1 issue of *The American Journal of Cardiology*.

Laurent Fauchier, M.D., Ph.D., of the Université François Rabelais in Tours, France, and colleagues compared the efficacy and safety of DESs with BMSs in 833 consecutive unselected patients with AF, seen from 2000 to 2010, who had undergone PCI with stent implantation.

Of the stents implanted, 81 percent were BMSs and 19 percent were

DESs. During a median follow-up of 688 days, the researchers found that the incidence of all-cause mortality and of major adverse cardiac events (MACEs; death, acute myocardial infarction, target lesion revascularization) was similar between the two groups. The results remained similar after adjustment for confounders and age. Older age, implantation of stent during acute ST-segment elevation myocardial infarction, and stent diameter were significantly and independently associated with an increased risk of MACEs. DESs did not correlate with a higher risk of bleeding, and the ratio of serious events at follow-up was similar for DES and BMS implantation.

"In conclusion, in our cohort, systematic use of DESs does not seem to be justified in most patients with AF because it was not associated with any clear advantage compared to BMSs," the authors write.

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