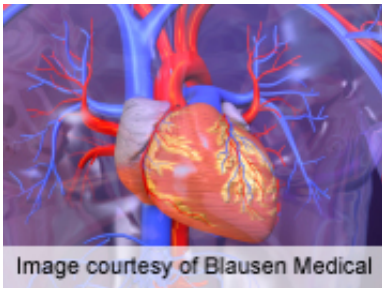


Nicotine replacement doesn't increase cardio risk after ACS

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Use of nicotine replacement therapy does not increase the risk of adverse cardiovascular events in the first year following acute coronary syndromes, according to research published in the Oct. 1 issue of *The American Journal of Cardiology*.

(HealthDay)—Use of nicotine replacement therapy (NRT) does not increase the risk of adverse cardiovascular events in the first year following acute coronary syndromes (ACS), according to research published in the Oct. 1 issue of *The American Journal of Cardiology*.

Kevin J. Woolf, M.D., of the University of Rochester Medical Center in New York, and colleagues conducted a study involving 663 smokers with ACS, identified from a pre-existing database, who were separated into NRT (184 participants) or control (479 participants) groups based on whether they had been prescribed NRT on hospital discharge.

Of the cohort, 202 had adverse events into the first year following ACS.

The researchers observed no significant difference between the groups for the one-year combined end point of death; myocardial infarction; repeat revascularization; or rehospitalization for angina, [congestive heart failure](#), or arrhythmia. In addition, no significant difference was found between the groups at one-year for each individual end point.

"The results of the present study suggest that NRT use after ACS was not associated with an increased risk of adverse cardiovascular events," the authors write. "These results might be particularly important in the treatment of smokers with [coronary artery disease](#), because the use of medication to stop smoking roughly doubles the success rates in long-term abstinence by reducing withdrawal symptoms."

More information: [Abstract](#)
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