

Heart attack survival similar among those receiving clot-busting drugs, angioplasty

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The one-year survival rate after a severe heart attack was similar among people who initially received clot-busting medications and those who immediately underwent angioplasty, according to a late-breaking clinical trial presented at the American Heart Association's Scientific Sessions 2013.

The Strategic Reperfusion Early After Myocardial Infarction (STREAM) Trial included 1,892 people who suffered an ST-elevation myocardial infarction (STEMI), a heart attack in which a blood vessel is totally blocked, but weren't able to undergo [angioplasty](#) with the first hour of arriving at the hospital. Researchers randomly assigned half of these patients to receive three medications, including age-adjusted bolus tenecteplase, clopidogrel and enoxaparin. If their symptoms persisted, they also underwent angioplasty, a procedure that opens blocked [blood vessels](#). The other half received angioplasty, and standard drugs to prevent [blood clots](#).

Both groups were treated within three hours of the onset of heart-attack symptoms.

Among those who first received the combined medications, 2.1 percent died, including from [heart disease](#) and stroke, compared to 1.5 percent of those who initially underwent angioplasty. This was not a significant difference.

In an earlier part of the study, patients who received clot-busting

medications were slightly more likely to survive without complications 30 days after treatment. These latest findings represent the original study's one-year follow-up.

"In this study, the combined drug strategy proved a reasonable approach to take as an initial treatment immediately after severe [heart attack](#) when angioplasty is not immediately available," said Peter Sinnaeve, M.D., Ph.D., the study's lead author and assistant professor of cardiology at the University of Leuven in Belgium.

The American Heart Association currently recommends clot-busting medication within the first 30 minutes and angioplasty within the first 90 minutes of hospital arrival and continues to review and adapt guidelines as appropriate. The association has developed the Mission Lifeline® program to help improve timely access to appropriate care.

More information: The Strategic Reperfusion Early After Myocardial Infarction (STREAM) study. Armstrong PW, Gershlick A, Goldstein P, Wilcox R, Danays T, Bluhmki E, Van de Werf F; STREAM Steering Committee. *Am Heart J*. 2010 Jul;160(1):30-35.e1. [DOI: 10.1016/j.ahj.2010.04.007](#).

Provided by American Heart Association

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