

Pharmacoinvasive STEMI strategy best for smokers, nonsmokers

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(HealthDay)—For patients with ST-segment elevation myocardial infarction, a pharmacoinvasive strategy after fibrinolysis is beneficial for smokers and nonsmokers, according to a study published in the Oct. 1 issue of *The American Journal of Cardiology*.

Nigel S. Tan, M.D., from St. Michael's Hospital in Toronto, and colleagues examined whether the optimal treatment strategy after fibrinolysis differs based on [smoking status](#). Data were collected from patients with ST-segment elevation [myocardial infarction](#) who were randomized to a routine early invasive (pharmacoinvasive) versus a standard (early transfer only for rescue [percutaneous coronary intervention](#) or delayed angiography) strategy after fibrinolysis. The interaction between smoking status and treatment strategy was examined.

The researchers found that after multivariate adjustment, smoking status was not a significant predictor of either primary or secondary end points. Compared with standard therapy, pharmacoinvasive management reduced the primary end point in smokers (7.7 versus 13.6 percent; $P = 0.04$) and in nonsmokers (13.1 versus 19.7 percent; $P = 0.03$). The effect of treatment was not modified by smoking status for any measured outcomes ($P > 0.10$ for all).

"The beneficial treatment effect of a pharmacoinvasive strategy is consistent in smokers and [nonsmokers](#)," the authors write.

The trial was partially funded by a grant from Roche; coronary stents were provided free of charge by Abbott. Several authors disclosed financial ties to the pharmaceutical industry.

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