

Early invasive strategy no benefit 10 years after NSTEMI-ACS

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(HealthDay)—For patients with non-ST-segment elevation acute coronary syndrome (NSTEMI-ACS), routine early invasive strategy (coronary arteriography and myocardial revascularization, as clinically indicated) is not associated with improved outcomes at 10 years over a selective invasive strategy (coronary arteriography for recurrent ischemia only). The findings were published in the Aug. 4 issue of the *Journal of the American College of Cardiology*.

Robert A. Henderson, D.M., from Nottingham University Hospitals in the United Kingdom, and colleagues reported 10-year outcomes from the Third Randomized Intervention Treatment of Angina (RITA-3) trial. They randomized 1,810 patients with NSTEMI-ACS to receive routine invasive or selective invasive strategies. Patients were followed annually up to five years, and mortality was documented over 10 years.

The researchers observed no differences in mortality between the routine invasive and selective invasive groups over 10 years (all cause death: 25.1 versus 25.4 percent; $P = 0.94$; cardiovascular death: 15.1 versus 16.1 percent; $P = 0.65$). Independent predictors of 10-year mortality included age, previous myocardial infarction, heart failure, smoking status, diabetes, heart rate, and ST-segment depression, in multivariate analysis.

"The advantage of reduced [mortality](#) of routine early invasive strategy seen at five years was attenuated during later follow-up, with no evidence of a difference in outcome at 10 years," the authors write.

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