

## n-3 PUFA tx after AMI linked to drop in death, recurrent AMI

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(HealthDay)—For patients hospitalized with acute myocardial infarction

(AMI), the use of n-3 polyunsaturated fatty acids (PUFAs) is associated with reduced risk of all-cause mortality and recurrent AMI through 12-month follow-up, according to a study published in the Feb. 1 issue of *The American Journal of Cardiology*.

Stephen J. Greene, M.D., from the Duke University Medical Center in Durham, N.C., and colleagues conducted a retrospective observational cohort study involving [patients](#) who were discharged from the hospital with a primary diagnosis of AMI. Patients were linked across governmental hospital discharge, medication prescription, and [mortality](#) databases, and followed for 12 months after index discharge. The authors compared patient characteristics and risk of all-cause mortality and repeat AMI by n-3 PUFA prescription after discharge at a presumed dose of 1 g/day. Data were included for 11,269 patients, of whom 21.5 percent were prescribed n-3 PUFA during follow-up.

The researchers found that patients treated with n-3 PUFAs tended to be younger, men, and have a diagnosis of diabetes; they were also more likely to be receiving guideline-recommended post-AMI therapy ( $\beta$ -blockers, angiotensin-converting enzyme inhibitors/angiotensin II receptor blockers, statins, and antiplatelet therapy; all P

"These data support further randomized controlled trials with n-3 PUFA [therapy](#) in the post-AMI setting," the authors write.

Two authors disclosed financial ties to pharmaceutical companies, including Sigma Tau Pharmaceuticals, which funded the study.

**More information:** [Abstract](#)  
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