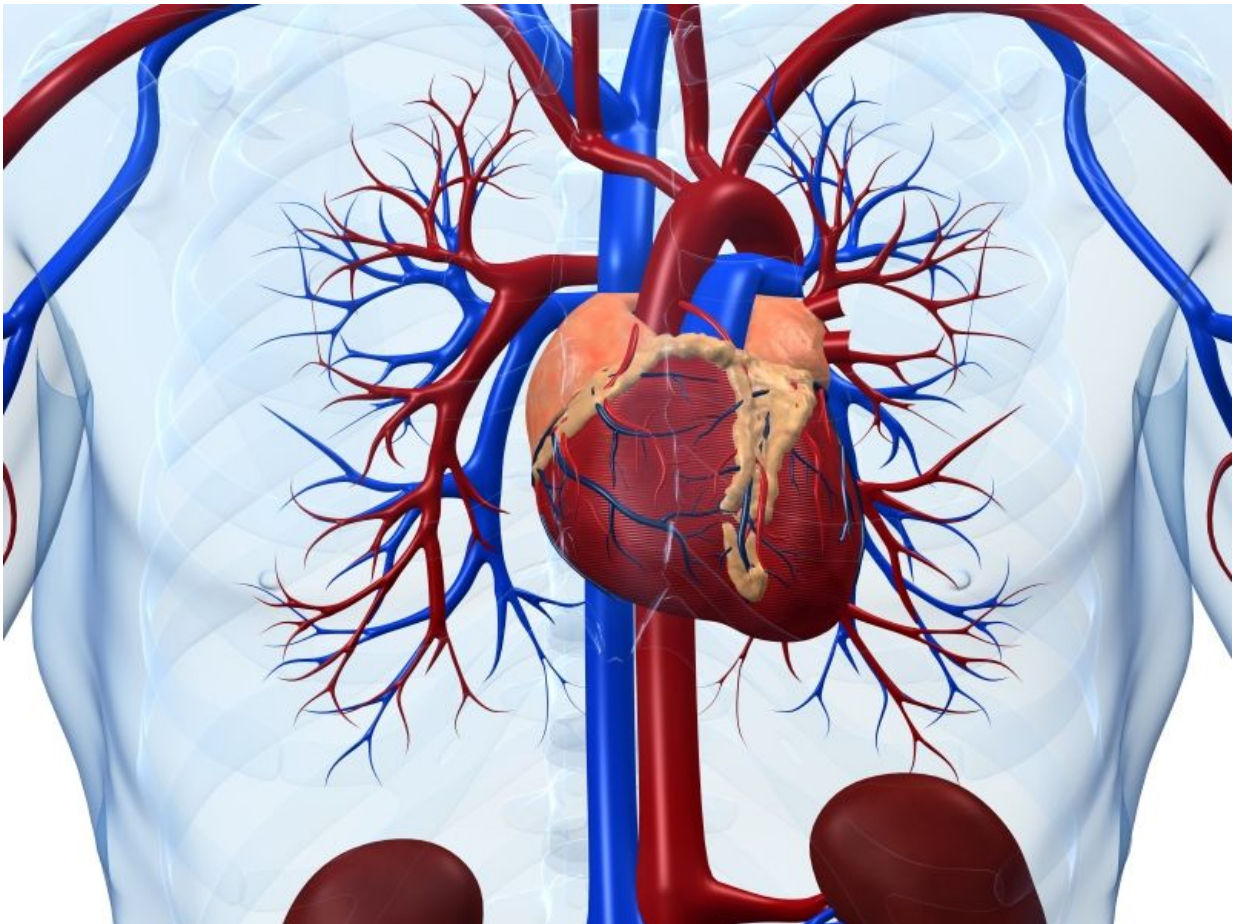


# DAPT score improves risk prediction of continued DAPT

June 1 2016

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(HealthDay)—A decision tool (dual antiplatelet therapy [DAPT] score)

improves risk prediction for continued DAPT beyond assessment of myocardial infarction (MI) history, according to a study published in the May 31 issue of the *Journal of the American College of Cardiology*.

Dean J. Kereiakes, M.D., from the Christ Hospital Heart and Vascular Center in Cincinnati, and colleagues randomized [patients](#) after coronary stenting to continued thienopyridine and aspirin or placebo and aspirin. Risk differences for ischemic and bleeding events were compared according to the DAPT score.

The researchers found that for patients with versus without prior MI the rates of MI were 3.8 versus 2.4 percent ( $P = 0.01$ ). Regardless of MI history, compared with placebo, continued thienopyridine reduced late MI (hazard ratios, 0.46 and 0.60 for any MI and no MI, respectively) and increased bleeding (hazard ratios, 1.86 and 1.58 for any MI and no MI, respectively). Reductions in MI/stent thrombosis were seen for DAPT scores of  $\geq 2$  with continued thienopyridine versus placebo (2.7 versus 6.0 percent for any MI [ $P$  bleeding but similar rates of ischemia among patients with DAPT scores

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