

Prasugrel and ticagrelor: Equally safe and effective in STEMI

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The antiplatelet drugs prasugrel and ticagrelor had similar safety and efficacy among patients with acute myocardial infarction and ST segment elevations (STEMI), according to results of PRAGUE-18, the first randomised, head-to-head comparison of the drugs.

"Our findings confirm previous indirect - non-randomized- comparisons of these two drugs, based on analyses of various registries," commented Petr Widimsky MD, DrSc, from the Cardiocenter of Charles University, in Prague, Czech Republic. "Thus, both drugs are very effective and safe and significantly contribute to the excellent outcomes of patients with [acute myocardial infarction](#) in modern cardiology."

The Hot Line study, presented at ESC Congress 2016, randomized 1,230 STEMI patients to receive either prasugrel or ticagrelor prior to primary [percutaneous coronary intervention](#) (pPCI).

The primary end-point was defined as death, re-infarction, urgent target vessel revascularization, stroke, serious bleeding requiring transfusion, or prolonged hospitalization at 7 days.

The trial was halted prematurely after an interim analysis showed no difference in the rate of this endpoint between groups (4.0% and 4.1% in the prasugrel and ticagrelor groups, respectively; P=0.939).

There was also no difference between groups in the rate of the key secondary end-point, composed of cardiovascular death, non-fatal

[myocardial infarction](#) or stroke within 30 days (2.7% and 2.5%, respectively; P=0.864).

"These study results offer more freedom to clinicians to select the antiplatelet agent added on top of aspirin for patients with STEMI who receive dual antiplatelet therapy," commented Prof. Widimsky.

Final follow-up will be at 1 year for all patients, and will be completed in 2017.

The PRAGUE acronym refers to a series of academic randomized trials coordinated by the Cardiocenter, Charles University Prague, starting with PRimary Angioplasty in [patients](#) with myocardial infarction transferred from General community hospitals to angioplasty Units of tertiary cardiology centers with or without Emergency thrombolysis (2000).

Provided by European Society of Cardiology

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