

Early invasive doesn't beat selective strategy in NSTEMI-ACS

April 17 2017



(HealthDay)—An early invasive strategy has no benefit for reducing the

10-year composite outcomes of death or spontaneous myocardial infarction (MI) for patients with non-ST-segment elevation acute coronary syndrome (NSTEMI-ACS) and elevated cardiac troponin T, according to a study published in the April 18 issue of the *Journal of the American College of Cardiology*.

Niels P.G. Hoedemaker, M.D., from the University of Amsterdam, and colleagues examined the 10-year clinical outcomes of an early invasive versus a selective invasive strategy in 1,200 [patients](#) with NSTEMI-ACS and elevated cardiac troponin T.

The researchers observed no significant between-group difference in 10-year [death](#) or spontaneous MI (33.8 and 29.0 percent for early invasive and selective invasive, respectively; hazard ratio, 1.12; 95 percent confidence interval, 0.97 to 1.46; $P = 0.11$). Revascularization occurred in 82.6 and 60.5 percent of the early and selective invasive groups, respectively. Additional outcomes did not differ between the groups, except for the rate of death or MI, which was higher in the early versus the selective invasive group (37.6 versus 30.5 percent; hazard ratio, 1.30; 95 percent confidence interval, 1.07 to 1.58; $P = 0.009$); this was driven by an elevated rate of procedure-linked MI in the early invasive group (6.5 versus 2.4 percent; hazard ratio, 2.82; 95 percent [confidence](#) interval, 1.53 to 5.20; $P = 0.001$).

"We believe that a selective invasive strategy may be a viable option in selected patients," the authors write.

One author disclosed financial ties to AstraZeneca. The study was funded by educational grants from several pharmaceutical companies. Roche Diagnostics provided the reagents for core laboratory cardiac [troponin](#) T measurements.

More information: [Abstract/Full Text](#)

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Citation: Early invasive doesn't beat selective strategy in NSTEMI-ACS (2017, April 17) retrieved 5 May 2024 from <https://medicalxpress.com/news/2017-04-early-invasive-doesnt-strategy-nste-acs.html>

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