Guideline-directed medical tx adherence low post CABG

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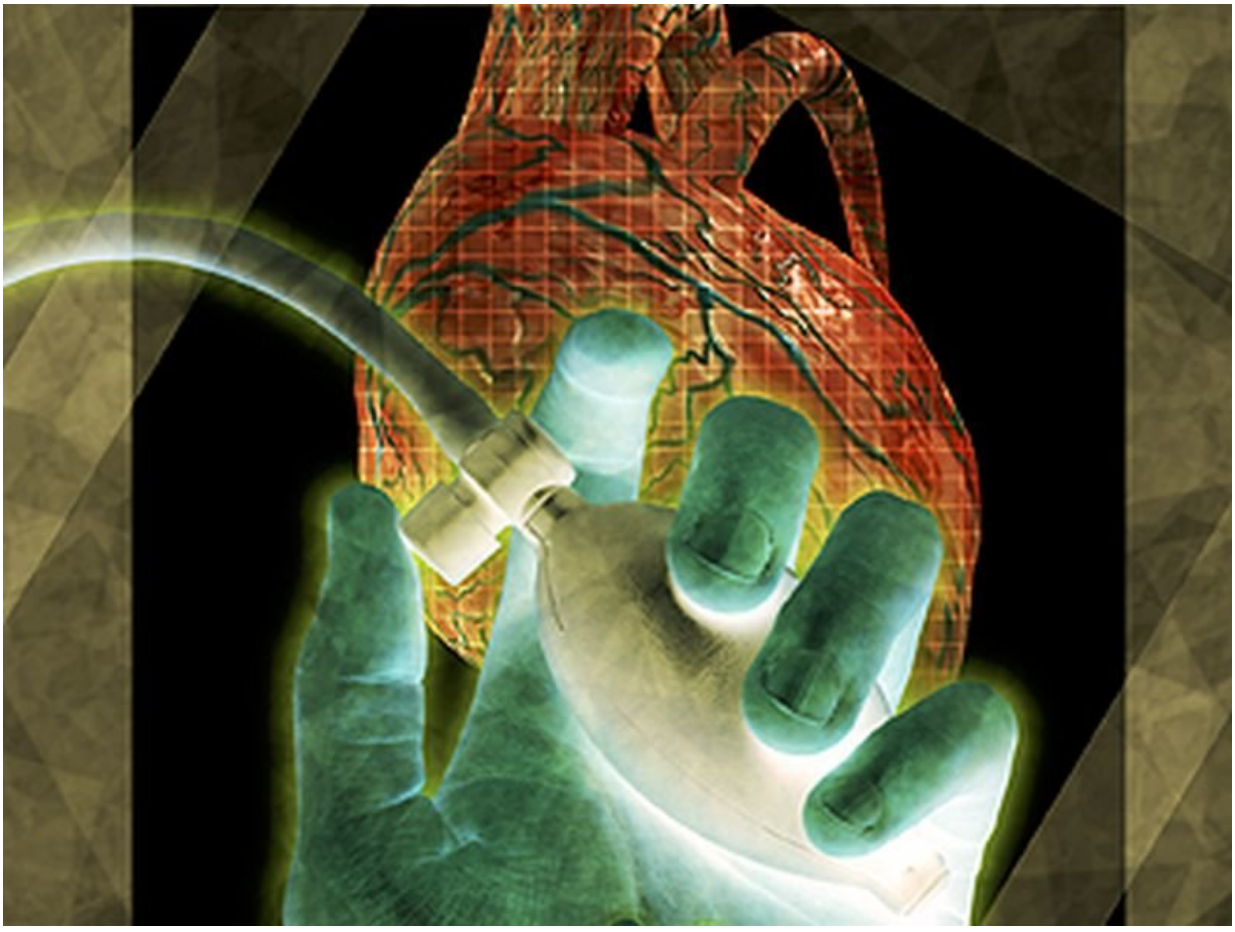

(HealthDay)—Compliance with guideline-directed medical therapy

(GDMT) is low, and remains higher in percutaneous coronary intervention (PCI) than in coronary artery bypass grafting (CABG), according to a review published in the Feb. 13 issue of the *Journal of the American College of Cardiology*.

Ana-Catarina Pinho-Gomes, from the Oxford University Hospitals NHS Trust in the United Kingdom, and colleagues reviewed data from randomized controlled trials comparing PCI with drug-eluting stents versus CABG that reported medical therapy after revascularization. The review outcome was compliance with GDMT. Data were included from five trials that met the inclusion and exclusion criteria.

The researchers found that compliance with any antiplatelet agent plus beta-blocker plus statin (GDMT1) was low, and decreased from 67 percent at one year to 53 percent at five years. Even lower compliance was seen with any antiplatelet agent plus beta-blocker plus statin plus angiotensin-converting enzyme inhibitor/angiotensin receptor blocker (GDMT2), which decreased from 40 percent at one year to 38 percent at five years. At all time points, compliance with GDMT1 and GDMT2 was higher in PCI than CABG. There was a correlation between lower GDMT1 use and adverse clinical outcomes in PCI versus CABG at five years.

"Compliance with GDMT in contemporary clinical trials remains suboptimal and is significantly lower after CABG than after PCI, which may influence the comparison of clinical trial end points between those study groups," the authors write.

One author disclosed financial ties to Amgen.

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