Escitalopram cuts MACE risk in depressed patients with ACS

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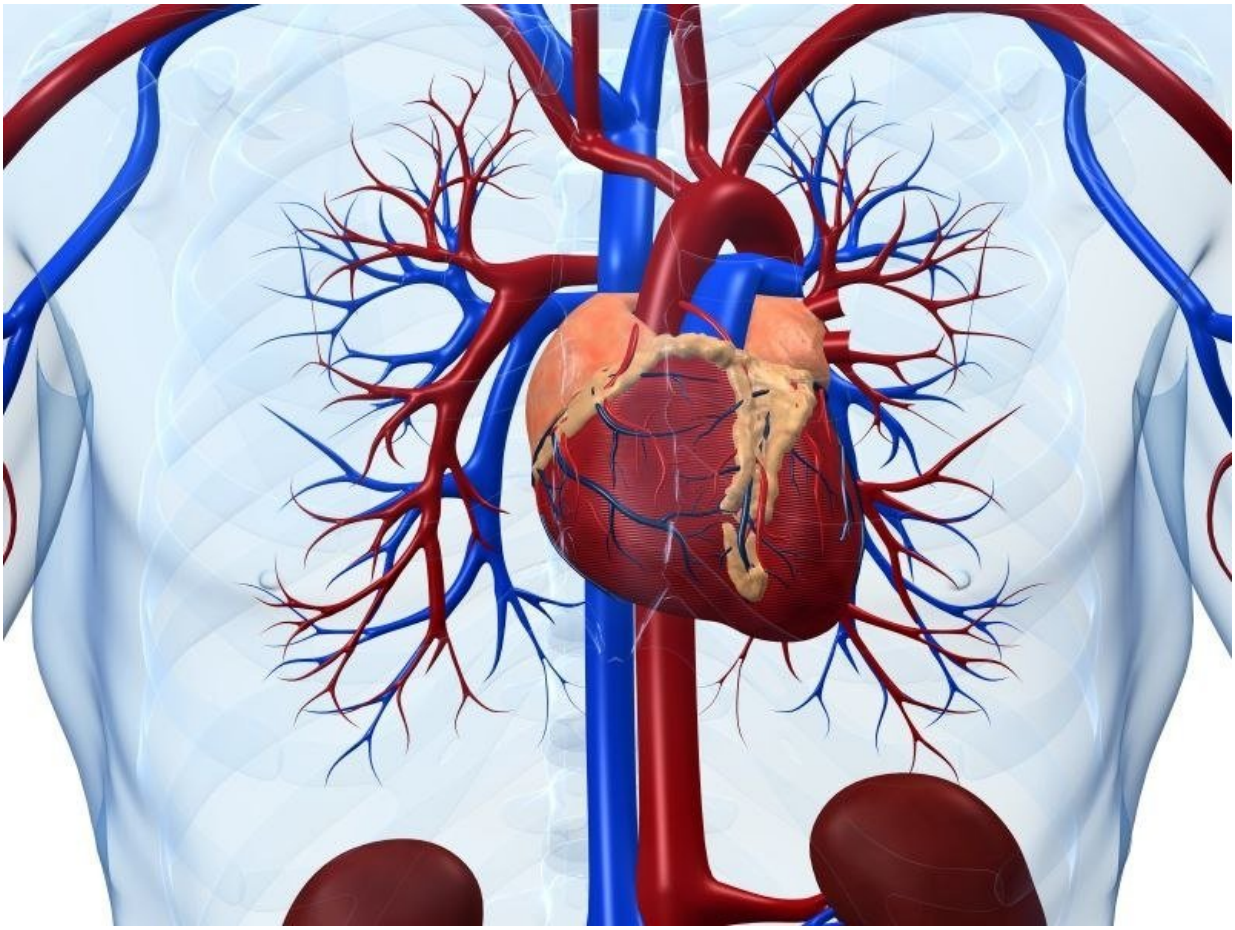

(HealthDay)—For patients with depression following recent acute

coronary syndrome (ACS), escitalopram results in lower risk of major adverse cardiac events (MACE) versus placebo, according to a study published in the July 24/31 issue of the *Journal of the American Medical Association*.

Jae-Min Kim, M.D., Ph.D., from the Chonnam National University Medical School in Gwangju, South Korea, and colleagues randomized 300 patients with recent ACS and depression to receive escitalopram in flexible dosages of 5, 10, 15, or 20 mg/d or matched placebo (149 and 151 patients, respectively) for 24 weeks. The patients were followed for a median of 8.1 years.

The researchers found that 40.9 and 53.6 percent of patients receiving escitalopram and placebo, respectively, had MACE (hazard ratio [HR], 0.69; 95 percent confidence interval [CI], 0.49 to 0.96; P = 0.03). Comparing individual MACE outcomes between the escitalopram and placebo groups, the incidences were 20.8 versus 24.5 percent for all-cause mortality (HR, 0.82; 95 percent CI, 0.51 to 1.33; P = 0.43); 10.7 versus 13.2 percent for cardiac death (HR, 0.79; 95 percent CI, 0.41 to 1.52; P = 0.48); 8.7 versus 15.2 percent for myocardial infarction (HR, 0.54; 95 percent CI, 0.27 to 0.96; P = 0.04); and 12.8 versus 19.9 percent for percutaneous coronary intervention (HR, 0.58; 95 percent CI, 0.33 to 1.04; P = 0.07).

"Further research is needed to assess the generalizability of these findings," the authors write.

One author disclosed financial ties to the pharmaceutical industry.

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