

Ischemia trial validates current practice standards

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The Society for Cardiovascular Angiography & Interventions (SCAI) congratulates the investigators of the ISCHEMIA trial on their very

important late-breaking research presented today at the American Heart Association 2019 Scientific Sessions.

The results of the ISCHEMIA trial are consistent with earlier studies showing medical therapies are essential to keep people safe and help improve quality-of-life, with or without early [intervention](#). While the results indicate that a routine strategy of early intervention may not be necessary to prevent adverse events in stable, low symptom burden patients, early intervention is safe for patients who prefer to minimize the burden of medical therapies, those who have limited tolerance to medications, or who have persistent symptoms despite medications.

Finding that early revascularization doesn't lower rates of death, [heart failure](#), or [cardiac arrest](#) in these patients wasn't surprising, since earlier work indicated that [percutaneous coronary intervention](#) (PCI) offered little advantage over medical therapies for these endpoints. However, the finding that early revascularization resulted in lower rates of spontaneous heart attacks was gratifying. We were previously unsure about whether PCI could offer this benefit before ISCHEMIA. This study helps interventional cardiologists provide more accurate information to patients about how PCI might help them.

The ISCHEMIA quality of life results showed that angina was relieved reliably in patients with chest pain or discomfort. This confirms the appropriateness of using PCI to improve quality of life.

It is important to note that this the study does not address patients with accelerating symptoms or heart attacks. For those high-risk patients, [early intervention](#) plus medical therapy remains the recommended course of action compared to medical therapy alone to keep patients safe.

The ISCHEMIA trial findings only underscore the importance of shared

medical decision making between physicians and patients. SCAI encourages the development of individualized treatment plans to assure the best patient-centered care possible.

Ischemic heart disease impacts more than 13 million people in the United States and is the leading cause of death and disability worldwide. During the last 40 years, evidence generated through objective research has defined the benefits of PCI in patients with ischemic heart disease who have limiting symptoms despite appropriate medical [therapy](#), and remains an important method of managing advanced ischemia.

SCAI is committed to supporting clinical research and data that translates into better decision-making between physicians and their patients.

Provided by Society for Cardiovascular Angiography and Interventions

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