Adding a P2Y12 inhibitor does not improve outcomes in COVID-19

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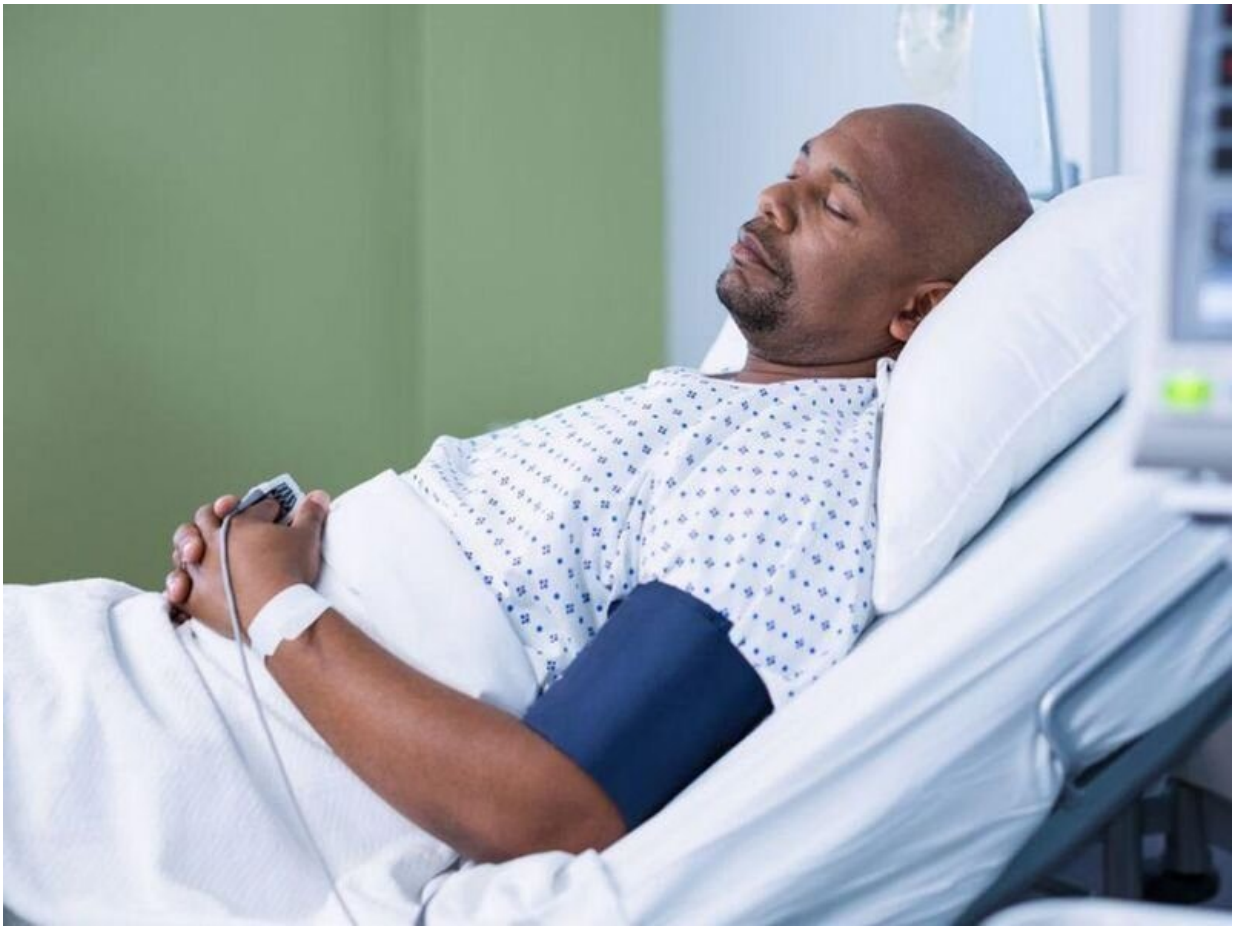

(HealthDay)—The addition of a P2Y12 inhibitor to anticoagulant

therapy does not improve organ support-free days among non-critically ill patients hospitalized for COVID-19, according to a study published in the Jan. 18 issue of the *Journal of the American Medical Association*.

Jeffrey S. Berger, M.D., from the NYU Grossman School of Medicine in New York City, and colleagues examined the benefits and risks of adding a P2Y12 inhibitor to anticoagulant therapy among 562 non-critically ill patients hospitalized for COVID-19. Patients were randomly assigned to a therapeutic dose of heparin plus a P2Y12 inhibitor or heparin only (293 and 269 patients, respectively) for 14 days or until hospital discharge. The preferred P2Y12 inhibitor was ticagrelor (63 percent).

When the prespecified criterion for futility was met, enrollment of non-critically ill patients was discontinued. The researchers found that the median number of organ support-free days was 21 days in both the P2Y12 group and the usual care group (adjusted odds ratio, 0.83; 95 percent credible interval, 0.55 to 1.25; posterior probability of futility, 96 percent). Major bleeding occurred in 2.0 and 0.7 percent of patients in the P2Y12 and usual care groups, respectively (adjusted odds ratio, 3.31; 95 percent confidence interval, 0.64 to 17.2; P = 0.15).

"In moderately ill hospitalized patients with COVID-19, additional P2Y12 inhibition did not improve outcome," write the authors of an accompanying editorial. "Further studies should explore the role of other antiplatelet agents, which may potentially also target some of the pathogenic inflammatory pathways, and also may have a favorable risk-benefit ratio that provides protection without further compromising the individual patient's bleeding risk."

Several authors of the study and one author of the editorial disclosed financial ties to the biopharmaceutical industry.

More information: Abstract/Full Text

Editorial