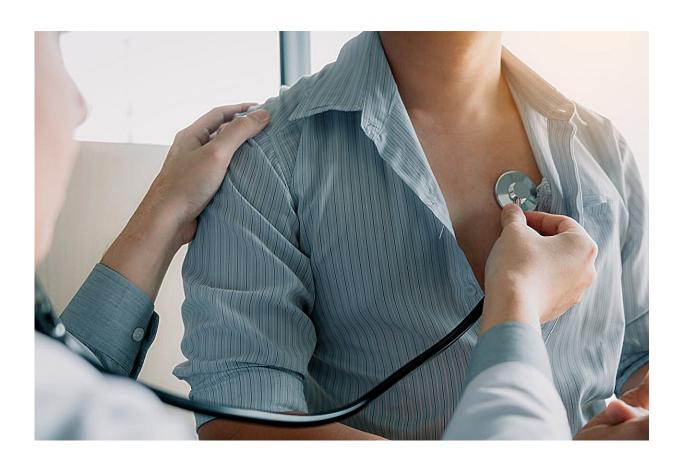


Recreational drug use tied to repeat cardiovascular events

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Recreational drug use is associated with a tripled risk for a repeat serious cardiovascular event within one year of hospitalization, according to a study presented at the European Society of Cardiology Congress 2024,



held from Aug. 30 to Sept. 2 in London.

Raphaël Mirailles, M.D., from Hospital Lariboisiere in Paris, and colleagues evaluated the prognostic impact of recreational drug use at one year after hospitalization to predict major adverse cardiovascular and cerebrovascular events (MACCE). The analysis included 1,392 patients admitted to intensive cardiac care units at 39 French centers over two weeks in April 2021 and followed for one year.

The researchers found that 11 percent of patients had an initial positive test for recreational drug use. Specifically, cannabis was identified in 9.8 percent, heroin and other opioids in 2.3 percent, cocaine in 1.7 percent, amphetamines in 0.6 percent, and 3,4-methylenedioxymethamphetamine (MDMA) in 0.6 percent. Of those testing positive, more than one-quarter of patients tested positive for two or more drugs (28.7 percent). At one year, 7 percent of patients experienced MACCE; this number was significantly higher among patients with positive drug tests versus nonusers (13 versus 6 percent). This risk tripled when adjusting for age, sex, diabetes, current smoking status, history of cardiovascular disease before hospitalization, known chronic kidney disease, history of cancer, the main admission diagnosis, baseline systolic blood pressure, and baseline heart rate. There were significant associations seen for MDMA (4.1 times increased risk), heroin and other opioids (3.6 times), and cannabis (1.8 times) with serious cardiovascular events.

"Despite high rate of underreporting of recreational drug use, systematic screening is not recommended by the current guidelines," Mirailles said in a statement. "It might improve risk stratification of patients and personalized care to favor drug withdrawal. Therefore, systemic screening should be considered in <u>intensive care</u>."

More information: Press Release

More Information



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