

Gout drug repurposed to fight heart disease

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to colchicine 0.5 mg daily or matching placebo on a background of lipid lowering and antithrombotic therapy. The primary endpoint was a composite of cardiovascular death, myocardial infarction, ischaemic stroke, or ischaemia-driven coronary revascularisation.

During a median follow-up of almost 30 months, the primary endpoint occurred in 187 (6.8%) patients in the colchicine group and 264 (9.6%) patients in the [placebo group](#) (hazard ratio [HR] 0.69; 95% confidence interval [CI] 0.57–0.83; p

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Colchicine reduces the risk of major cardiovascular events in patients with chronic coronary disease, according to results of the LoDoCo2 trial presented in a Hot Line session today at ESC Congress 2020.

"Over a decade, more than one in three [heart patients](#) will have another [heart attack](#) or stroke, or die from [heart disease](#), despite taking [preventive medication](#)," said study author Dr. Mark Nidorf of GenesisCare, Australia. "Our study shows that this could be reduced to one in four with the addition of low-dose colchicine."

Colchicine, originally derived from the bulb of the crocus plant, has been used since ancient times to treat inflammation. Now synthetically made, it is a [generic medication](#) taken to treat gout. The drug also inhibits several inflammatory pathways known to be important in atherosclerosis. The LoDoCo (Low Dose Colchicine) pilot trial suggested that colchicine 0.5 mg once daily was safe and effective for preventing cardiovascular events in [patients](#) with [coronary artery disease](#).

The LoDoCo2 trial randomized 5,552 patients who had chronic coronary disease, and were tolerant to colchicine during a 30-day open-label run-in phase,

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