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Epifibatide is justified in community hospital treatment of ACS

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Keywords

Asprin, glycoprotein IIa/IIIb, unstable angina

Context

The study aims to show that the use of glycoprotein (GP) IIb/IIIa antagonist epifibatide in patients with acute coronary syndromes (ACS) admitted to community hospitals reduces the need for transfer and improved clinical outcomes.

Significant findings

Results showed that epifibatide reduced the need for transfer in comparison with placebo, with 16% transferred versus 20%. The GP IIb/IIIa antagonist also improved clinical outcomes, with a 2.5% reduction in 30-day incidence of death or MI independent of transfer status. There was also a 5.5% reduction in transferred patients.

Comments

The authors found that GP IIb/IIIa antagonism may prove integral in the initial management of patients with ACS in community hospitals. They go on to say that: "as healthcare resources become scarce...preventing transfer and subsequent procedures with GP IIb/IIIa inhibition may also prove cost-effective." However, they warned that this study is limited in that, for example, indications for transfer were not addressed in the PURSUIT protocol and epifibatide was therefore not randomly assigned based on transfer status. "Although we adjusted for some of these variables unrecognized confounders could contribute to the observed difference in the event rates."

Methods

Data on 429 patients at 153 sites from the Platelet glycoprotein IIb/ IIIa in Unstable Angina; Receptor Suppression Using Integrilin Therapy (PURSUIT) trial who were admitted to community hospitals and transferred during study drug infusion ('transfer patients') were compared with 1987 patients who either remained at the hospital or were transferred after study-drug termination ('nontransfer patients').

Additional information

References

1. Greenbaum AB, Harrington RA, Hudson MP, MacAulay CM, Wilcox RG, Simoons ML, Berdan LG, Guerci A, Cokkinos DV, Kitt MM, Lincoff AM, Topol EJ, Califf RM, Ohman EM, for the PURSUIT Investigators : Effects of long-term, moderate-intensity oral anticoagulation in addition to aspirin in unstable angina. *J Am Coll Cardiol.* 2001, 37: 492-498.