

Optimal duration of dual antiplatelet therapy after implantation of overlapping drug-eluting stents

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Background: The optimal duration of dual antiplatelet therapy (DAPT) for patients receiving overlapping drug-eluting stents (DES) remains uncertain.

Methods and Result: 1,313 patients were enrolled based on the following inclusion criteria: (1) patient receiving two overlapping DES (2) follow up period of more than 3 years. The primary end point was a composite end point of major adverse cardiac or cerebrovascular events (death from any causes, non-fatal myocardial infarction (MI) or stroke). 277 patients received 12 to 24 months and 1,036 patients received 25 to 36 months DAPT. The primary end point occurred in 93 patients. The cumulative risk of the primary end point at 3 years was 7.6% with 12 to 24 months DAPT, as compared with 6.9% with 25 to 36 months DAPT (adjusted hazard ratio, 1.08; 95% CI, 0.34-2.44; P=0.69). The individual risks of death from any cause, non-fatal MI, stroke, very late stent thrombosis, repeat target vessel revascularization, and major bleeding did not differ between the two groups. After propensity-score matching, there was no significant difference in the occurrences of the primary end point between 12 to 24 months versus 25 to 36 months DAPT.

Conclusion: Current evidence suggests that 12 to 24 months DAPT in patients, who have received overlapping DES, is as effective and safe as 25 to 36 months DAPT in reducing the composite of all death, non-fatal MI and stroke

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