

Ticagrelor effective at reducing first, as well as recurrent and overall cardiovascular events

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Ticagrelor, a potent anti-platelet medication, was approved by the Food and Drug Administration in the summer of 2011 and is known to significantly reduce the risk of stroke, heart attack, vascular death and death overall in patients with acute coronary syndromes (ACS), which are characterized by symptoms related to obstruction in coronary arteries, which supply blood to the heart. Now, new research from Brigham and Women's Hospital (BWH) shows that the use of ticagrelor not only reduces the time to a first cardiovascular event (the metric used in most trials) but also significantly reduces the time to a second cardiovascular event or death, and reduces total events including cardiovascular death, heart attack, stroke, ischemic events and urgent revascularization. These findings will be presented at the American College of Cardiology Scientific Sessions on March 25, 2012.

"These data help show both clinicians and patients that if a patient is on ticagrelor and experiences a cardiac event, continued use of this anti-platelet is both safe and effective, and may prevent even more cardiac events than we previously thought" said Payal Kohli, MD a cardiology fellow and BWH researcher in the TIMI Study Group, who is the lead author on this study.

Researchers analyzed data from the PLATO study, where 18,624 patients with ACS were randomly allocated to receive aspirin plus either ticagrelor or clopidogrel. In this cohort of patients, 318 experienced multiple cardiac events during the follow up period. In addition to observing a reduction in the average number of events per patient, and a reduction in total vents, researchers also note that there was no difference in bleeding in patients taking ticagrelor compared to those taking clopidogrel, although the number of bleeding events may have been too small to detect

a difference.

"Interestingly, we also found that that those patients who had more cardiac events tended to be older, have a lower body weight and have a higher number of cardiovascular risk factors. There were also a higher proportion of females in this group." Kohli said.

Provided by Brigham and Women's Hospital

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