

Ranolazine bests old school antianginal medications

2 November 2015



associated with less revascularization and all-cause and cardiovascular-related health care utilization compared to traditional AA medication," the authors write.

Several authors disclosed financial ties to Gilead Sciences, which funded the study.

More information: [Abstract](#)

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(HealthDay)—Newer antianginal (AA) medications such as ranolazine show substantial outcome improvements in chronic stable angina pectoris (CSA) compared to traditional medications, according to a study published in the Nov. 1 issue of *The American Journal of Cardiology*.

Robert L. Page II, Pharm.D., M.S.P.H., from the University of Colorado Skaggs School of Pharmacy in Aurora, and colleagues analyzed a commercial claims database (2008 to 2012) to identify patients with CSA receiving a β -blocker (BB), [calcium channel blocker](#) (CCB), long-acting nitrate (LAN), or ranolazine (2,002 patients in each matched group). Patients were followed for 12 months after a change in AA therapy. A subset of 3,724 patients with diabetes were identified (BB, 933 patients; CCB, 940; LAN, 937; and ranolazine, 914).

The researchers found that in the overall cohort, traditional AA medication exhibited greater odds for revascularization and higher rates in all-cause outpatient visits, emergency room visits, inpatient length of stay, and cardiovascular-related [emergency room visits](#), compared to ranolazine. In the diabetes mellitus cohort, ranolazine exhibited similar benefits over traditional AA medication.

"In conclusion, ranolazine use in [patients](#) with inadequately controlled chronic angina is

APA citation: Ranolazine bests old school antianginal medications (2015, November 2) retrieved 10 October 2022 from <https://medicalxpress.com/news/2015-11-ranolazine-bests-school-antianginal-medications.html>

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