

# Anemia independently linked to high platelet reactivity in PCI

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"After [percutaneous coronary intervention](#) with [drug-eluting stents](#), anemia at baseline was significantly associated with higher two-year hemorrhagic and mortality risk; conversely, its association with ischemic risk was attenuated after multivariate adjustment, including HPR," the authors write.

Several authors disclosed financial ties to pharmaceutical and medical device companies, some of which sponsored the ADAPT-DES study.

**More information:** [Abstract](#)  
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(HealthDay)—Anemia is independently associated with high platelet reactivity (HPR) and is associated with all-cause mortality and major bleeding after percutaneous coronary intervention with drug-eluting stents, according to a study published in the June 15 issue of *The American Journal of Cardiology*.

Gennaro Giustino, M.D., from the Icahn School of Medicine at Mount Sinai in New York City, and colleagues categorized patients from the Assessment of Dual Antiplatelet Therapy with Drug-Eluting Stents (ADAPT-DES) study by the presence of anemia at baseline. A total of 8,413 patients were included in the study cohort, of whom 21.6 percent had anemia.

The researchers found that HPR was more prevalent in patients with anemia (58.3 versus 38.4 percent; P major bleeding after adjustment for baseline clinical confounders, including HPR (adjusted hazard ratios, 1.61 and 1.42; both P

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