

Dual antiplatelet Tx similar to aspirin post-CABG in diabetes

10 January 2017



aspirin alone at 30 days post-CABG. The five-year primary composite outcome did not differ significantly between DAPT- and aspirin-treated patients (12.6 versus 16 percent; adjusted hazard ratio, 0.83; 95 percent confidence interval, 0.54 to 1.27; $P = 0.39$). The five-year primary composite outcomes were similar for patients receiving DAPT versus aspirin alone in subgroups with pre-CABG [acute coronary syndromes](#) and those with stable angina. There were no significant treatment-related differences between the groups in major [bleeding](#), blood transfusions, or hospitalization for bleeding.

"The use of DAPT in patients with diabetes post-CABG in our cohort was high," the authors write. "Compared with [aspirin](#) monotherapy, no associated differences were observed in cardiovascular or bleeding outcomes, suggesting that routine use of DAPT may not be clinically warranted."

(HealthDay)—For post-coronary artery bypass grafting (CABG) patients with diabetes, cardiovascular and bleeding outcomes do not differ significantly with use of dual antiplatelet therapy (DAPT) versus aspirin, according to a study published in the Jan. 17 issue of the *Journal of the American College of Cardiology*.

Sean van Diepen, M.D., from the University of Alberta in Edmonton, Canada, and colleagues compared [patients](#) receiving DAPT (aspirin plus thienopyridine) and aspirin monotherapy at 30 days postoperatively in a post-hoc nonrandomized analysis from the Future REvascularization Evaluation in patients with Diabetes mellitus: Optimal management of multivessel disease (FREEDOM) trial. The primary outcome was the risk-adjusted five-year FREEDOM composite of all-cause mortality, nonfatal myocardial infarction, or stroke.

The researchers found that 68.4 and 31.6 percent of patients, respectively, received DAPT and

Two authors disclosed financial ties to the pharmaceutical industry.

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APA citation: Dual antiplatelet Tx similar to aspirin post-CABG in diabetes (2017, January 10) retrieved 14 June 2022 from <https://medicalxpress.com/news/2017-01-dual-antiplatelet-tx-similar-aspirin.html>

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