Less bleeding with ticagrelor alone in high-risk patients

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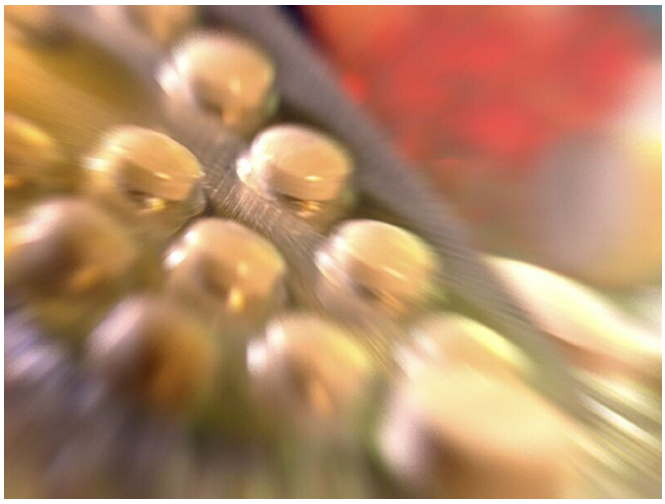

(HealthDay)—Ticagrelor alone results in less bleeding than ticagrelor plus aspirin among high-risk patients who have undergone percutaneous coronary intervention (PCI) and received dual antiplatelet therapy for three months, according to a study published online Sept. 26 in the *New England Journal of Medicine*. The research was published to coincide with Transcatheter Cardiovascular Therapeutics 2019, the annual meeting of the Cardiovascular Research Foundation, held from Sept. 25 to 29 in San Francisco.

Roxana Mehran, M.D., from Mount Sinai Hospital in New York City, and colleagues compared ticagrelor alone with ticagrelor plus aspirin among 9,006 patients at high risk for bleeding or an ischemic event who had undergone PCI. After three months of treatment with ticagrelor plus aspirin, patients continued to take ticagrelor and 7,116 were randomly assigned to either aspirin or placebo for one year.

The researchers found that the incidence of the primary end point (Bleeding Academic Research Consortium [BARC] type 2, 3, or 5 bleeding) occurred in 4.0 and 7.1 percent of patients assigned to receive ticagrelor plus placebo versus ticagrelor plus aspirin, respectively (hazard ratio, 0.56; 95 percent confidence interval [CI], 0.45 to 0.68; P significant difference between the groups in the incidence of death from any cause, nonfatal myocardial infarction, or nonfatal stroke (?0.06 percentage points; 95 percent CI, ?0.97 to 0.84; hazard ratio, 0.99; 95 percent CI, 0.78 to 1.25; P

"A transition to an antiplatelet strategy of treatment with ticagrelor alone after a three-month course of dual antiplatelet therapy in high-risk patients who had undergone PCI provided a clinical benefit of less bleeding without ischemic harm," the authors write.

The study was funded by AstraZeneca, the manufacturer of ticagrelor.

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