

## Risk for ischemic CV events lower with colchicine after MI

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[CI], 0.61 to 0.96; P = 0.02). For the components of the primary end point, the hazard ratios were 0.84 (95 percent CI, 0.46 to 1.52) for death from cardiovascular causes; 0.83 (95 percent CI, 0.25 to 2.73) for resuscitated <u>cardiac arrest</u>; 0.91 (95 percent CI, 0.68 to 1.21) for myocardial <u>infarction</u>; 0.26 (95 percent CI, 0.10 to 0.70) for stroke; and 0.50 (95 percent CI, 0.31 to 0.81) for urgent hospitalization for angina leading to coronary revascularization.

"A larger trial could have allowed a better assessment of individual end points and subgroups and the risks associated with colchicine," the authors write.

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(HealthDay)—Patients with recent myocardial infarction have a lower risk for ischemic cardiovascular events with colchicine versus placebo, according to a study published online Nov. 16 in the *New England Journal of Medicine* to coincide with the annual meeting of the American Heart Association, held from Nov. 16 to 18 in Philadelphia.

Jean-Claude Tardif, M.D., from the Montreal Heart Institute, and colleagues randomly assigned patients recruited within 30 days after <a href="myocardial">myocardial</a> <a href="myocardial">infarction</a> to either low-dose colchicine (0.5 mg daily; 2,366 patients) or placebo (2,379 patients).

The researchers found that the primary efficacy end point (composite of death from cardiovascular causes, resuscitated cardiac arrest, myocardial infarction, stroke, or urgent hospitalization for angina leading to coronary revascularization) occurred in 5.5 and 7.1 percent of patients in the colchicine and placebo groups, respectively (hazard ratio, 0.77; 95 percent confidence interval

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