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PREDICTORS OF DUAL ANTIPLATELET THERAPY NON-ADHERENCE AFTER PCI: ONE-YEAR INSIGHTS FROM THE PARIS REGISTRY

Poster Contributions
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Background: Demographic and socioclinical factors affect adherence to dual anti-platelet therapy (DAPT) after percutaneous coronary intervention (PCI). DAPT cessation has been shown to increase stent thrombosis risk, recurrent myocardial infarction, and death. We investigated correlates of DAPT non-adherence after PCI in a large, multinational registry.

Method: The PARIS (Patterns of Non-Adherence to Anti-Platelet Regimens in Stented Patients) registry is a multicenter, prospective observational study of PCI patients. Modes of non-adherence were physician-guided discontinuation, interruption (surgery), or disruption (bleeding or non-compliance). Independent variables were baseline demographics, comorbidities, and presentation. Predictors of non-adherence were identified using logistic regression. Model discrimination was assessed using receiver operating characteristic curve.

Results: Among 5,033 patients, the incidence of non-adherence was 12.5% at 1-year. With multivariable adjustment, independent correlates of non-adherence were older, female gender, DES use, prior CABG, current smoking, and enrollment in the US (Table 1). This model yielded moderate discrimination for non-adherence by C-statistics of 0.67.

Conclusion: In this multinational registry several clinical variables identified subsequent non-adherence at 1-year. This model may help identify patients who are more likely to stop DAPT and aid in risk prediction and clinical decisions at the time of PCI.

Table 1. Multivariable Analysis

Variable	Odds Ratio (95% Confidence Interval)	P Value
Age (2nd Quartile)	1.28 (0.99-1.65)	0.050
Age (3rd Quartile)	1.38 (1.06-1.78)	0.014
Age (4th Quartile)	1.92 (1.48-2.49)	0.000
Male Gender	0.77 (0.64-0.93)	0.009
Prior CABG	0.72 (0.56-0.94)	0.019
DES use	0.56 (0.45-0.68)	0.000
Current Cigarette Smoking	1.33 (1.06-1.67)	0.013
Region (Europe vs US)	0.23 (0.17-0.31)	0.000