



Interventional Cardiology

READMISSION AND LONG-TERM MORTALITY IN OLDER PATIENTS TREATED WITH TICAGRELOR VERSUS PRASUGREL AFTER PERCUTANEOUS CORONARY INTERVENTION: INSIGHTS FROM THE BLUE CROSS BLUE SHIELD OF MICHIGAN CARDIOVASCULAR CONSORTIUM

Poster Contributions
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Session Title: Considerations in Antiplatelet Therapy and in ACS
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Authors: *Devraj Sukul, Milan Seth, James M. Dupree, Akshay Khandelwal, Simon Dixon, David Wohns, Thomas LaLonde, Hitinder Gurm, University of Michigan, Ann Arbor, MI, USA*

Background: In randomized trials, ticagrelor and prasugrel were superior to clopidogrel in the treatment of acute coronary syndrome (ACS); however, the comparative effectiveness of these two drugs in real-world practice remains unknown. We compared post-discharge outcomes among older pts discharged on ticagrelor versus prasugrel after percutaneous coronary intervention (PCI) for ACS.

Methods: We linked clinical data from PCIs performed in older pts (age ≥65) for ACS at 47 Michigan hospitals to Medicare fee-for-service episodes of care from 1/2013 through 12/2014. Propensity matching adjusted for the non-random use of ticagrelor and prasugrel at discharge. Kaplan-Meier cumulative mortality was estimated, and Cox and logistic regression modeling was used to compare outcomes between groups.

Results: Pts discharged on ticagrelor (n=1,243) more frequently had a history of atrial fibrillation and stroke, and presented with ST-/non-ST-elevation myocardial infarction as compared to prasugrel (n=1,014). After matching (n=756 per group), there were no significant differences in 90-day readmission (16.7% ticagrelor vs. 14.6% prasugrel; p = .35) or long-term mortality (figure).

Conclusions: Patients discharged on ticagrelor had more comorbidities than those discharged on prasugrel; however, among similar older pts who underwent PCI for ACS, there were no differences in long-term outcomes between ticagrelor and prasugrel.

Kaplan-Meier Cumulative Mortality Curves
in the Matched Cohort

