A123.E1154
JACC March 9, 2010
Volume 55, issue 10A

MYOCARDIAL ISCHEMIA AND INFARCTION

IVABRADINE FOR THE TREATMENT OF STABLE ANGINA PECTORIS IN OCTOGENARIAN PATIENTS

ACC Poster Contributions
Georgia World Congress Center, Hall B5
Monday, March 15, 2010, 3:30 p.m.-4:30 p.m.

Session Title: Stable Ischemic Syndrome--Myocardial Protection
Abstract Category: Stable Ischemic Syndrome
Presentation Number: 1217-323

Authors: *Ralf Koester, Jan Kaehler, Thomas Meinertz, for the REDUCTION Study Investigators, University of Hamburg Heart Center, Hamburg, Germany*

Background: Patients over 80 years (octogenarians) are prone to bradycardia due to age-related alteration of the sinus node, AV node and conduction system. Therefore, the use of beta-blockers may be limited. Ivabradine has antianginal efficacy due to reduction of heart rate. The REDUCTION multicenter Study evaluated the antianginal efficacy of ivabradine in every day clinical practice. In this subgroup analysis, the efficacy and safety of ivabradine was evaluated in octogenarians.

Methods: 4954 patients were included in the REDUCTION Study for the treatment of stable angina pectoris with ivabradine. In this subgroup analysis 382 octogenarians were followed for 4 months. Patients were treated with ivabradine 2.5, 5 or 7.5 mg bid. After baseline evaluation consecutive visits were conducted after 1 and 4 months. Heart rate (HR), number of angina attacks, nitrate consumption, overall efficacy and tolerance according to the physicians judgement were evaluated. Baseline and follow-up observation values were compared.

Results: 382 octogenarians (83 ± 2.9 years) with stable angina pectoris were analyzed. 45% of the patients had undergone a previous PCI or CABG, 35% had a history of myocardial infarction. At baseline, mean HR was 82.8 ± 15.5 bpm and 81% of patients had at least one angina attack per week. A mean of 3.0 ± 4.6 angina attacks per week were reported and consumption of short-acting nitrates was 4.2 ± 5.1 units per week. After 4 months of treatment, ivabradine reduced HR by 11.9 ± 12 bpm at a mean dose of 9.4 mg per day. The number of angina attacks was reduced by 73% and nitrate consumption by 74%.

Four pts (1.0%) reported suspected adverse drug reactions (ADR). In one patient a syncope occurred. There was no symptomatic bradycardia reported. For 95% of patients physicians considered the efficacy of ivabradine as “very good/good”. For 99% of patients the tolerance was rated as “very good/good”.

Conclusion: The results demonstrate the efficacy of ivabradine in reducing heart rate, number of angina attacks and nitrate consumption in octogenarian patients. The treatment of angina pectoris with ivabradine was effective, safe and was very well tolerated without relevant bradycardia.