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Bivalirudin or unfractionated Heparin in acute coronary syndromes; A review

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The antithrombin drug bivalirudin received a boost, compared with unfractionated heparin, as the safer drug for preventing ischemic events in patients with acute coronary syndrome undergoing percutaneous coronary intervention in results from a multicenter, randomized trial with more than 7,000 patients. In the setting of percutaneous coronary intervention (PCI) for acute coronary syndrome (ACS), bivalirudin has been shown to be superior to unfractionated heparin (UFH) in reducing major adverse cardiac events, driven by a reduction in major bleeding. Although the two primary endpoints from this head-to-head comparison showed no statistically significant differences between the two agents, pre-specified secondary endpoints showed that treatment with bivalirudin (Angiomax) during percutaneous coronary intervention (PCI) resulted in significantly fewer deaths after 30 days and significantly fewer major bleeding events, compared with unfractionated heparin (UFH). In the antithrombin-randomization analysis of the MATRIX (Minimizing Adverse Hemorrhagic Events by Transradial Access Site and Systemic Implementation of Angiox) trial, which included 7,213 of the 8,404 acute coronary syndrome patients enrolled in MATRIX, treatment with bivalirudin or UFH led to similar combined rates of all-cause death, myocardial infarction, or stroke, as well as similar rates of death, MI, stroke, and major bleeds. In acute coronary syndrome patients undergoing percutaneous coronary intervention, bivalirudin led to significantly fewer deaths and major bleeds than did unfractionated heparin.

Biography

Mohd Mazhar Noor is a under graduate student of Deccan School of Pharmacy, pursuing Doctor of Pharmacy (PharmD PB I/II), affiliated to Osmania University.

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