SOUTHWESTERN NEWS

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NEW STUDY SHOWS ANGIOPLASTY MORE EFFECTIVE THAN CLOT BUSTERS IN TREATING HEART ATTACK

DALLAS – Jan. 3, 2003 – Angioplasty offers a better prognosis than clot-dissolving medications for treating patients with the deadliest type of heart attack, report researchers at UT Southwestern Medical Center at Dallas.

The study, published in the Jan. 4 edition of *The Lancet*, compared balloon angioplasty with intravenous (thrombolytic) medical therapy for the restoration of coronary artery blood-flow to the heart for patients with acute ST-segment elevation myocardial infarction, which occurs when a blood clot occludes the coronary artery. A systematic review of 23 clinical trials involving 7,700 patients showed that angioplasty was more effective than drug treatments for both short- and long-term recovery rates in these patients.

"This study incorporates data from studies using the most up-to-date thrombolytic and angioplasty therapies available, including stents and platelet-blocking medicines," said Dr. Ellen Keeley, assistant professor of internal medicine and the study's lead author. "Importantly, long-term data is now available for many of these patients and our results show that angioplasty is not only more effective in the short-term, but its results are durable over time."

For patients with ST-segment elevation myocardial infarction, the analysis showed that angioplasty was better than thrombolytic therapy, in the short term (four to six weeks follow-up) at reducing death (7 percent compared with 9 percent for medical therapy); recurrence of nonfatal heart attack (3 percent compared with 7 percent); stroke (1 percent compared with 2 percent); and a combination of all these outcomes (8 percent compared with 14 percent). These differences were sustained for six to 18 months.

Most people who experience a heart attack are candidates for primary angioplasty, Keeley said. During the procedure, an IV is inserted into an artery in the groin and a long, thin

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tube is advanced to the heart, through which a dye is injected into the coronary artery. Using X-ray images, doctors are able to identify and delineate the coronary arteries and locate the blocked artery. A thin, hair-line wire is passed across the narrowing and an angioplasty balloon is inflated, which opens the blockages to improve blood flow to the heart muscle and relieve symptoms associated with heart attacks, including chest pain. In some cases, a stent is then inserted to keep the blocked artery open.

Other authors on *The Lancet* study included investigators from William Beaumont Hospital in Royal Oak, Mich.

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