OBJECTIVE

To evaluate the comparative safety of three P2Y_12 inhibitors, including clopidogrel, ticagrelor, and prasugrel.

METHODS

- Retrospective electronic medical record review of patients that underwent PCI within UPMC
- Approved by IRB prior to commencement
- Primary endpoint was cumulative incidence of any bleed up to one year following PCI. Secondary endpoints were composite incidence of any major or minor bleeding.
- Patients identified by ICD-9 code for PCI inpatients and PCI procedure code or procedure date for outpatients. Major and minor bleeds were defined using modified TIMI and GUSTO criteria.

RESULTS

- The comparative efficacy and safety of the antiplatelet agents in a real-world setting are unclear, particularly for ticagrelor and prasugrel
- Guidelines recommend dual antiplatelet therapy with a P2Y_12 inhibitor and aspirin (ASA) in patients that undergo percutaneous coronary intervention (PCI) with stenting.

CONCLUSIONS

- There is a statistically significant difference in the time to bleeding events between medication groups.
- Prasugrel was less likely to cause a bleeding event than clopidogrel; there was no significant difference in bleeding risk between other medications.
- Significant differences in baseline characteristics between groups may have influenced the outcomes observed.

DISCLOSURES & REFERENCES

The authors of this poster have no actual or potential conflicts of interest.