

Patients Overestimate the Benefits of Elective PCI

BY BRUCE JANCIN

NEW ORLEANS — Most patients undergoing elective percutaneous coronary intervention have highly unrealistic expectations about its benefits, a survey showed.

Among respondents, two-thirds said the PCI would extend their life span. A larger percentage said it would reduce the likelihood of an MI. Neither belief is valid, Dr. John Lee noted at the annual scientific sessions of the American Heart Association.

Of those surveyed, 31% said the procedure was done to reduce anginal symptoms—the one evidence-based reason for elective PCI, said Dr. Lee of the Mid-America Heart Institute, Kansas City, Mo.

“Better patient communication is needed prior to elective PCI to convey the evidence-based risks and benefits and elicit a more truly informed consent,” he said.

Dr. Lee sent his single-page questionnaire to 498 consecutive patients who had elective PCI at two Kansas City hospitals between January 2006 and October 2007; 350 patients responded.

One-third of the patients mistakenly thought their PCIs had been done on an emergency basis (see box); 68% said that no other treatment option was discussed, 18% said they were offered medical management, and 13% recalled discussing coronary artery bypass graft surgery.

Dr. Lee said his survey results were similar to those of a survey done 8 years ago by Dr. Eric S. Holmboe, a general internist who is now senior vice president for quality research and academic affairs at the American Board of Internal Medicine in Philadelphia.

Three-quarters of Dr. Holmboe's respondents said their elective PCI would prevent a future MI, and 71% thought it would prolong their life (J. Gen. Intern. Med. 2000;15:632-7).

Since then, much more evidence has accrued as to what elective PCI can and cannot accomplish. A meta-analysis of 11 randomized trials comparing it with conservative management in patients with chronic stable coronary artery disease showed no advantage in terms of death, MI, or need for repeat revascularization (Circulation 2005;111:2906-12).

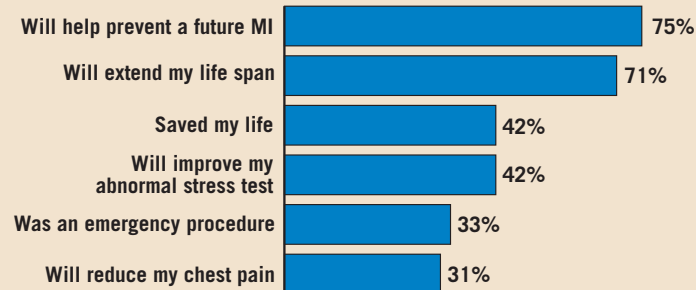
This meta-analysis was followed by the 2,287-patient randomized Clinical Outcomes Utilizing Revascularization and Aggressive Drug Evaluation (COURAGE) trial, which showed no difference between elective PCI and medical management in rates of death, MI, stroke, or hospitalization for acute coronary syndrome (N. Engl. J. Med. 2007;356:1503-16).

That Dr. Lee found no significant difference between patient responses obtained pre- versus post-COURAGE was not surprising, he said, “because most patients don't read the medical literature. But the lack of a difference in the treatments being offered post-COURAGE was a little more surprising.”

When asked whether the survey re-

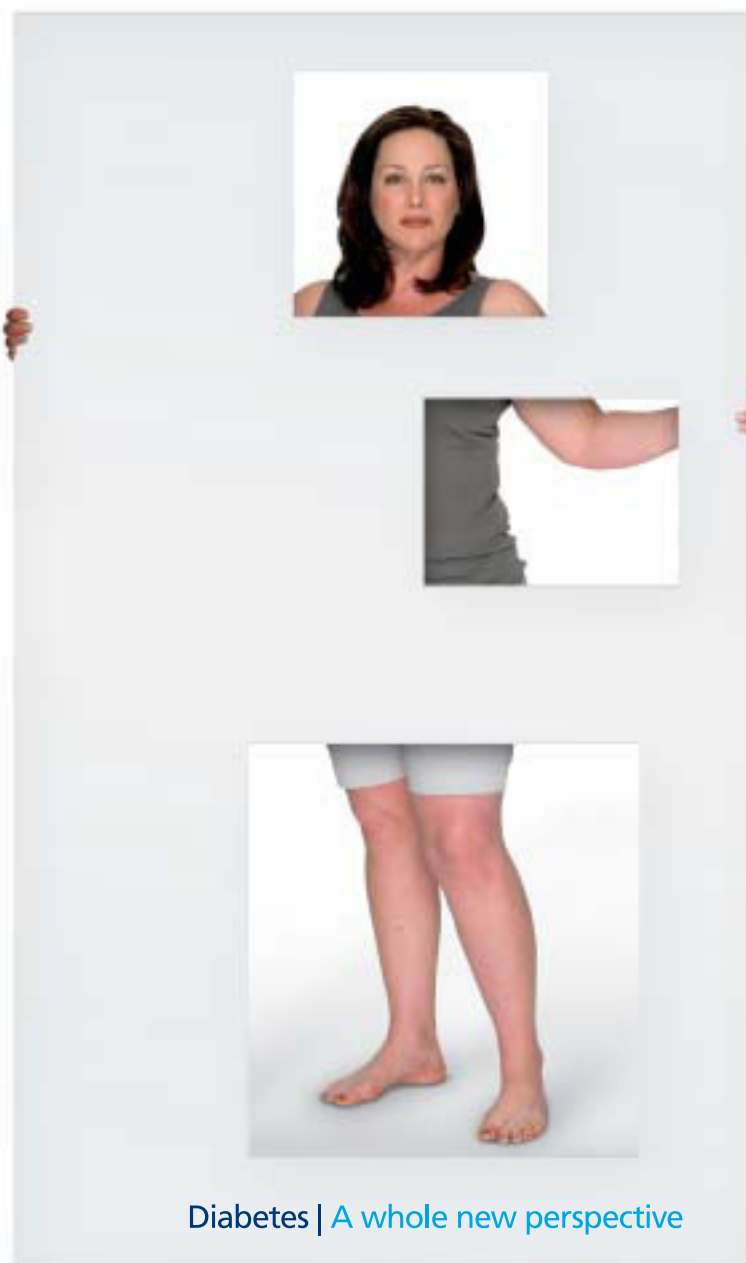
sults reflect patients' wishful thinking or if physicians are misinforming them, Dr. Lee noted that patients see many physicians “before they end up in the cath lab. There are many steps along the line where they can get their information. It's probably the responsibility of every single one of those physicians to educate the patient.” ■

Patients' Perceptions Regarding Elective PCI



Note: Based on a survey of 350 patients.
Source: Dr. Lee

ELSEVIER GLOBAL MEDICAL NEWS



Diabetes | A whole new perspective

Are you looking at every part of diabetes?

You might be missing GLP-1. It's a natural hormone that helps regulate glucose metabolism. It also slows gastric emptying, promotes satiety, and plays a significant role in beta-cell function.¹ Its multiple actions throughout the body are critical in diabetes.

Unfortunately, your patients might be missing GLP-1, too. Many people with type 2 diabetes may have impaired GLP-1 secretion and impaired beta-cell response to GLP-1.^{2,3} This could contribute to the pathogenesis of the disease.¹

Looking at the whole problem is the most important part of understanding it. That's why Novo Nordisk is dedicated to ongoing research.

References: 1. Zander M, Madsbad S, Madsen JL, Holst JJ. Effect of 6-week course of glucagon-like peptide 1 on glycaemic control, insulin sensitivity, and β -cell function in type 2 diabetes: a parallel-group study. *Lancet*. 2002;359(9309):824-830. 2. Toft-Nielsen M-B, Damholt MB, Madsbad S, et al. Determinants of the impaired secretion of glucagon-like peptide-1 in type 2 diabetic patients. *J Clin Endocrinol Metab*. 2001;86(8):3717-3723. 3. Kjemis LL, Holst JJ, Volund A, Madsbad S. The influence of GLP-1 on glucose-stimulated insulin secretion: effects on β -cell sensitivity in type 2 and nondiabetic subjects. *Diabetes*. 2003;52(2):380-386.