

# Aspirin Boosted Survival in Acute Unstable Angina

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MUNICH — Aspirin saves lives in patients with unstable angina, according to a retrospective chart review.

Patients who were treated with aspirin during their acute care hospitalization for unstable angina and who were prescribed aspirin at hospital discharge had a statistically significant 25% reduced risk of dying over the following 17 years compared with

patients who did not get aspirin while in the hospital or receive a prescription for aspirin at discharge, Dr. Michael E. Farkouth and his associates reported in a poster at the annual congress of the European Society of Cardiology.

Dr. Farkouth of Mount Sinai Medical School, New York, and his associates reviewed the records of all residents of Olmsted County, Minn., who presented at one of the three emergency departments with a first episode of acute chest pain during

January 1985–December 1992. The analysis included 1,628 patients who had definite unstable angina as the cause of their chest pain and hospitalization. The mean age of the patients was 66 years, and 60% were men.

During an average follow-up of almost 17 years, 986 of the patients died. In a multivariate analysis that adjusted for baseline characteristics that affected survival, patients who received aspirin while hospitalized and who were prescribed the drug at discharge had the lowest mortality rate.

Aspirin treatment also protected against death when partially used. Patients who received it during hospitalization but did not receive a postdischarge prescription had an adjusted, statistically significant 17% reduced risk of death, compared with patients who did not get aspirin. Patients who did not get aspirin in the hospital but did get a postdischarge prescription had an adjusted, statistically significant 23% reduced risk of dying compared with patients who did not get aspirin. ■

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## Certain Agonists May Aggravate Valve Problems

MADRID — Patients with a cardiovascular abnormality who also take an ergotamine-derived dopamine agonist are at an increased risk for a worsening of their heart problems.

But “most patients who stop ergotamine-derived treatment seem to remain stable or improve their cardiovascular abnormality over 1 year,” Dr. Videke G. Rasmussen wrote in a poster presented at the annual congress of the European Federation of Neurological Societies.

Dr. Rasmussen’s prospective observational study included 144 patients with Parkinson’s disease, of whom 40 had a diagnosis of cardiac valve disease or pulmonary hypertension confirmed by echocardiogram at the beginning of the study.

Aortic regurgitation was present in 32 patients (mild, 16; moderate, 14; severe, 2). One patient had moderate mitral regurgitation. Two had moderate tricuspid regurgitation; one of these also had moderate mitral regurgitation, and the other also had mild aortic regurgitation. Two patients had mitral and tricuspid regurgitation plus pulmonary hypertension, and two had isolated pulmonary hypertension.

At baseline, 35 patients were taking ergotamine-derived dopamine agonists (EDDA) and 8 were taking non-ergotamine-derived drugs (non-EDDA). After the initial echocardiogram, 5 patients taking EDDAs continued that treatment, and 27 switched to a non-EDDA. The eight who were originally taking a non-EDDA continued to do so.

After a mean of 15 months, patients had repeat echocardiograms that were compared with baseline. Of the five who continued on an EDDA, one showed improvement in the cardiovascular condition, one showed no change, and three showed worsening of their condition. Of the 27 who switched from an EDDA to a non-EDDA, 7 (26%) showed improvement, 15 (56%) had no change, and 5 (18%) showed worsening.

None of the eight who took a non-EDDA for the entire study period showed a worsening in their cardiac condition during the follow-up visit. One patient showed improvement; seven showed no change.

Dr. Rasmussen, a cardiologist at Aarhus (Denmark) University Hospital, had no conflicts of interest with regard to the study.

—Michele G. Sullivan