New Drug

In combination with aspirin: marginal additional benefits

- In patients with myocardial infarction who are not eligible for angioplasty, adding clopidogrel to aspirin reduces the overall 15-day mortality rate, but the subsequent outcome is not known.

Previously approved in combination with aspirin for the treatment of acute coronary syndromes without ST depression, clopidogrel (Plavix®, Sanofi Pharma, Bristol-Myers Squibb), is now also approved for myocardial infarction with ST elevation (1).

This new indication is mainly based on the results of a single trial, the COMMIT study, which we first examined in 2006 (2). This randomised double-blind placebo-controlled trial included approximately 45,000 patients, hospitalised for suspected myocardial infarction, who did not receive coronary angioplasty as part of their first-line management. It compared aspirin + clopidogrel versus aspirin + placebo, prescribed until hospital discharge or for 4 weeks, in addition to usual treatments.

Adding clopidogrel to aspirin significantly reduced the overall mortality rate at 15 days (the median duration of treatment). There were around 5 fewer deaths per 1000 treated patients, and no increase in the incidence of severe haemorrhage (2). But it is not known whether this survival benefit persists over time (2).

In practice, in myocardial infarction not treated with coronary angioplasty, the addition of clopidogrel to aspirin seems to benefit some patients (about 1 in 200). This combination may therefore be used in the short term (4 weeks). However, no evidence is available beyond 4 weeks indicating a better risk-benefit balance for aspirin plus clopidogrel as compared to aspirin alone.

Selected references from Prescrire's literature search.
2- Prescrire Editorial Staff “Acute myocardial infarction: aspirin + clopidogrel reduce mortality by about 0.5%” Prescrire Int 2006; 15 (85): 194.