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**ADMINISTRATION OF ERYTHROPOIETIN IN PATIENTS WITH ACUTE MYOCARDIAL INFARCTION: GOOD OR NOT?**

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**Objectives** To assess the effects of intravenous erythropoietin (EPO) administration in patients with acute myocardial infarction (AMI).

**Methods** We searched MEDLINE, EMBASE, and the Cochrane database through June 2011. Eligible studies were randomised controlled trials of intravenous EPO administration in AMI patients with follow-up duration equal to or longer than 1 month.

**Results** A total of 10 trials involving 1270 participants were identified. Over a weighted mean (SD) follow-up of 3.27 (0.25) months, standard medical care together with EPO significantly reduced infarct size (SMD -0.35, 95% CI -0.68 to -0.02;  $p=0.04$ ) and left ventricular end-systolic volume (LVESV) (SMD -0.59, 95% CI -1.04 to -0.14;  $p=0.009$ ) while improved left ventricular ejection fraction (LVEF) (SMD 1.47, 95% CI: 0.51 to 2.42;  $p=0.003$ ). And EPO administration did not add death, reinfarction, stroke and thrombosis events. Meta-regression showed a statistically significant association between infarct size decrement and age and follow-up duration (both  $p<0.001$ ).

**Conclusions** EPO administration in acute MI patients was safe and effective.