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EFFECT OF DIFFERENT MAINTENANCE DOSE OF CLOPIDOGREL ON PLATELET FUNCTION IN PATIENTS WITH ACUTE CORONARY SYMPTOM

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Objectives To assess the efficacy and safety of the high clopidogrel maintenance dose in acute coronary syndromes (ACS) patients undergoing selective percutaneous coronary intervention (PCI).

Methods 150 ACS patients were randomly divided into two groups (75 cases in each group). All Patients received a 300-mg loading dose of clopidogrel. Based on taking aspirin, clopidogrel were given 75 mg/days or 150 mg/days for 14 days. After 14 days, all patients received clopidogrel 75 mg/days until 1 year after PCI. Respectively, before administration and at the 14 days, peripheral venous blood was collected to determine the ADP-induced platelet aggregation (PA) with turbidimetric method. At same time platelet aggregation inhibition rate (PAI) was calculated. Primary endpoints included death, target organ revascularisation. Secondary endpoints included serious and minor bleeding events.

Results Before administration, pA had the non-significance difference ($p>0.05$) between two groups, and at the 14th day, pA and PAI between two groups were significant different ($p<0.05$). Via 14 days follow up, the incidence of primary endpoint in 150 mg/d group was not obviously lower than that in 75 mg group (1.3% vs 4.0%, $p>0.05$), and not higher in sub-end events ($p>0.05$).

Conclusions The high maintenance dose clopidogrel (150 mg per day) can strongly inhibit platelet aggregation and decrease the

haemorrhage events, but not obviously decreases the risk of adverse events in 14 days.