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**ONE-YEAR FOLLOW-UP OF BLEEDING ON ANTI-PLATELET DRUG USE IN PATIENTS WITH ACUTE MYOCARDIAL INFARCTION**

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**Objectives** The use of multiple antithrombotic drugs has increased the risk of major bleeding in acute myocardial infarction (AMI). We aimed to investigate the anti-platelet drug use after discharge in patients with in-hospital major bleeding.

**Methods** 198 patients with AMI were divided into two groups according to bleeding in hospital: bleeding group (n=36) or non-bleeding group (n=198). The utilisation rates of the anti-platelet drug (aspirin and clopidogrel) were collected at discharge, in the first, sixth and twelfth month out of hospital.

**Results** No significant differences were found in gender, age, weight, hypertension, diabetes mellitus, the history of PCI (16.9% vs 13.6%,  $p>0.05$ ) or stenting (66.7% vs 65.2%,  $p>0.05$ ). Compared with non-bleeding group, the patients in bleeding group were more older ( $62.6\pm 16.2$  vs  $55.9\pm 15.2$  year,  $p<0.05$ ), more with hypertension (69.4% vs 53.0%,  $p<0.05$ ), more with chronic renal insufficiency (25.0% vs 12.1%,  $p<0.05$ ). The aspirin usage in bleeding group was less than that in non-bleeding group at discharge (69.4% vs 91.9%,  $p<0.01$ , in the first month (65.7% vs 85.9%,  $p<0.01$ ) and sixth were lower (61.6% vs 83.8%  $p<0.01$ ), but no

difference in the twelfth month (72.2% vs 82.8%,  $p>0.05$ ). The clopidogrel usage in bleeding group was less than that in non-bleeding group at discharge (66.7% vs 87.4%  $p<0.01$ ) and in the first month (65.7% vs 85.9%  $p<0.01$ ), but no difference in the sixth (25.0% vs 39.4%  $p<0.01$ ) and twelfth month (23.5% vs 28.3%  $p<0.01$ ).

**Conclusions** AMI patients with in-hospital major bleeding have significantly decreased 1-year utilisation rates of aspirin and clopidogrel. Further investigation is warranted to understand the prognosis underlying this relationship.