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THE USING OF CONCOR AFFECT THE RISK OF ADVERSE CLINICAL OUTCOMES IN PATIENTS WITH CORONARY HEART DISEASE

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Abstract. During the analysis of data on participants in the REACH registry, results were obtained that indicate that the use of beta-blockers in patients with coronary artery disease, both those who have not had myocardial infarction and those who have had myocardial infarction, as well as in persons without coronary heart disease, but with high risk of developing diseases associated with atherosclerosis is not accompanied by a decrease in the incidence of complications of cardiovascular diseases.

Key words: coronary heart disease, myocardial infarction, beta-blockers

The purpose of the study: To evaluate the relationship between long-term use of Concor and the risk of developing complications of cardiovascular diseases (CVD): in patients who had previously suffered a myocardial infarction and in patients with coronary heart disease who had not suffered an MI.

Material and methods. Of the 98 participants, 45 participants were included in the analysis using a method that ensures that groups are balanced based on frequency of preferred treatment choice. Private residents were divided into 3 groups: 1) patients who had previously suffered a myocardial infarction (n=20); 2) patients with coronary heart disease in the absence of a previous MI (n=22) and 3) persons with only risk factors for the development of coronary heart disease (n=26). The analysis was performed on the assumption that all participants used the assigned treatment regardless of subsequent use of Concor. Given the differences in the basic baseline characteristics of study participants who used or did not use Concor, a special method (propensity score matching) was used during the analysis, which ensures that the groups are balanced in terms of the frequency of the preferred choice of treatment method.

Results. During observation, even in the group of patients who had previously suffered a myocardial infarction, taking Concor, compared with no use, did not lead to a decrease in the main composite indicator of mortality from complications of cardiovascular diseases, the incidence of non-fatal myocardial infarction or non-fatal stroke: adverse outcomes included in this indicator occurred in 15.86 and 17.56% of patients, respectively (risk ratio 0.90 p=0.13). In the group of patients with coronary heart disease who had not suffered a myocardial infarction, taking Concor compared to its absence was also not accompanied by a statistically significant change in the main indicator, which reached 11.36 and 12.45%, respectively. (risk ratio 0.91 p=0.30).

Conclusion. The results of an observational study suggest that the use of Concor in patients with coronary heart disease, both those who have not had myocardial infarction and those who have had myocardial infarction, as well as in people without ischemic heart disease, but with a high risk of its development, generally does not lead to a reduction in the incidence of complications cardiovascular diseases.

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