**Review: glycoprotein IIb/IIIa inhibitors reduced death or myocardial infarction in acute coronary syndromes not routinely scheduled for revascularisation**


**QUESTION:** In patients with acute coronary syndromes not routinely scheduled for early coronary revascularisation, what is the efficacy and safety of glycoprotein (GP) IIb/IIIa inhibitors?

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**Data sources**

Trials reported from 1990 were identified by searching Medline with the terms unstable angina, myocardial infarction, and platelet aggregation inhibition; reviewing scientific sessions abstracts in 3 cardiology journals; and scanning bibliographies of retrieved articles.

**Study selection**

Studies were selected if they randomly allocated ≥1000 patients who had acute coronary syndromes without persistent ST-segment elevation to a GP IIb/IIIa inhibitor or to placebo or control treatment and if early (<48 h) coronary revascularisation during drug infusion was not recommended.

**Data extraction**

Data from individual patients were extracted on baseline characteristics (age, sex, cardiac history and medication, blood pressure, and heart rate), medication detail, dates and times of randomisation, death, myocardial infarction (MI), coronary artery bypass grafting (CABG), percutaneous coronary intervention (PCI), stroke, intracranial haemorrhage, major bleeding, and 30 days of follow-up. The main efficacy outcome was a composite of death or non-fatal MI, and the main safety outcome was major bleeding.

**Main results**

6 trials (n=31402, mean age 64 y, 65% men) were included in the analysis. Patients who received GP IIb/IIIa inhibitors had a lower risk for the composite end point of death or MI than did those who received placebo or control treatment at 5 days and 30 days, but they did not differ for mortality or receipt of either CABG or PCI (table). Subgroup analysis showed that men who received GP IIb/IIIa inhibitors had a reduced risk for the composite end point, whereas women had an increased risk (table). GP IIb/IIIa inhibitors increased risk for major bleeding complications (table).
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