Warfarin combined with low dose aspirin in myocardial infarction did not provide clinical benefit beyond that of aspirin alone


QUESTION: In patients who have survived an acute myocardial infarction (MI), is warfarin combined with aspirin more effective than aspirin alone?

Design
Randomised (allocation concealed*), unblinded,* controlled trial with a median 2.7 years of follow up.

Setting
78 Department of Veterans Affairs medical centres in the US.

Patients
5059 patients (median age 62 y, 98% men) who had an acute MI within the previous 14 days. Exclusion criteria included comorbid conditions that limited life expectancy to <2 years, ongoing bleeding, drug or alcohol dependence, and hypersensitivity to aspirin or warfarin. Vital status was obtained for 99% of the patients.

Intervention
2522 patients were assigned to warfarin (target international normalised ratio [INR] 1.5 to 2.5 IU) plus aspirin (81 mg/d), and 2537 were assigned to aspirin alone (162 mg/d).

Main outcome measures
The primary outcome was all-cause mortality. Secondary outcomes were recurrent MI, stroke, and major haemorrhage.

Main results
Analysis was by intention to treat. The median INR in the warfarin group was 1.8 IU. Groups did not differ for all cause mortality, recurrent MI, or stroke (table). The study had an 80% power for detecting a 15% reduction in annual mortality with combination treatment relative to that with aspirin alone. More major bleeding occurred in patients in the warfarin plus aspirin group than in those assigned to aspirin alone (1.28 ± 0.72 events per 100 person y of follow up, p < 0.001). Intracranial haemorrhage rates were identical in the 2 groups (14 patients per treatment group).

Conclusions
In patients who have survived an acute myocardial infarction, warfarin combined with low dose aspirin did not provide a clinical benefit beyond that achieved with aspirin alone. Major bleeding occurred more frequently with combination treatment.

※See glossary.

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