

CARDIAC OUTCOMES IN POST STENT PATIENTS ON CONCOMITANT PROTON PUMP INHIBITORS AND CLOPIDOGREL (A3) Jessica Patterson. Southern AZ VA Healthcare System, Tucson, AZ (jessica.patterson2@va.gov). IRB approval received.

After placement of a cardiac stent, patients are prescribed dual antiplatelet therapy (clopidogrel and aspirin) to prevent stent thrombosis. Data exist regarding a possible drug interaction between omeprazole and clopidogrel. The purpose of this study was to compare the event rate 30 days post cardiac stenting in patients taking clopidogrel with or without a proton pump inhibitor (PPI). The study was a retrospective database analysis. Subjects were selected based on a documented ICD9 or CPT code for cardiac stent placement from January 1, 2000 to December 31, 2007, and an active prescription for clopidogrel within two days of stenting. Patients were divided into two groups: those with an active prescription for a PPI, and those without. The primary endpoint was a 30 day event rate composed of: death from any cause, occlusion of a cardiac stent, myocardial infarction, acute ischemic heart disease, CABG, and cardiac arrest. All patient records were screened for the primary endpoint using ICD9 codes. The primary endpoint rates for each group were compared using a chi-squared analysis. Secondary outcomes for event patients (overall medication adherence, diagnosis of narrow vessel disease, and loading dose of clopidogrel) were compared using chi-squared analysis. The results will be discussed.