Nadroparin calcium: an adjunct to thrombolysis in acute MI?

Therapy with the low molecular weight heparin nadroparin calcium is feasible, and is probably also effective and *'safe'*, as an adjunct to thrombolysis in patients with acute myocardial infarction (MI), say researchers from the Fraxiparin Anticoagulant Therapy in Myocardial Infarction Study Amsterdam Study Group.

They add that treatment with nadroparin calcium in this setting induced stable and predictable anti-factor Xa (aXa) levels that were within the predefined target range (0.35–0.7 U/ml).

In this study,* 30 patients with acute MI received accelerated alteplase [rt-PA] in combination with an IV bolus of nadroparin calcium ['Fraxiparin'] 100 U/kg which commenced just before the start of the alteplase infusion. Subsequently, patients received SC nadroparin calcium at 6 hours and every 12 hours for 72 hours. The dosage ranged from 10 000–20 000 aXa units according to bodyweight.

Patients underwent angiography a median of 3 days after treatment. 24/30 (80%) patients had a patent infarct-related artery.

Six hours after admission to hospital, 5/30 patients had an aXa level that was within the target range. From 12 hours onwards, 88% of aXa measurements were within the target range.

There were no major bleeding complications in the study.

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Chamuleau SAJ, de Winter RJ, Levi M, Adams R, Fraxiparin Anticoagulant Therapy in Myocardial Infarction Study Amsterdam Study Group (FATIMA). Low molecular weight heparin as an adjunct to thrombolysis for acute myocardial infarction: the FATIMA study. Heart 80: 35-39, Jul 1998 800693820