

Extended dalteparin sodium effective in unstable coronary artery disease

Extended treatment with dalteparin sodium for up to 45 days is effective and 'safe' as a bridging therapy for patients with unstable coronary artery disease (CAD) awaiting revascularisation, report investigators from the multinational FRagmin and Fast Revascularisation during InStability in Coronary artery disease (FRISC II) trial.¹

In this subanalysis of FRISC II participants in the noninvasive treatment group, the investigators determined the efficacy and clinical tolerability of extended treatment with SC dalteparin sodium 5000 or 7500IU twice daily (n = 798) or placebo (803), for 90 days. Invasive procedures (coronary angiography and revascularisation) were only performed when recurring or incapacitating symptoms, (re)infarction or severe ischaemia upon exercise testing necessitated intervention. The main results of this study have previously been reported.*

There was a statistically significant difference in the estimated probability of death and/or myocardial infarction (MI) in favour of dalteparin sodium until revascularisation or day 90 and there was a significant reduction in death and/or MI in favour of extended dalteparin sodium at day 45, with a 57% relative risk reduction. At day 90, the relative risk reduction was 29%. The investigators note that the benefit of dalteparin sodium was greatest up to days 45–60 from the start of therapy, after which the between-group difference was less marked.

According to the investigators, *'the safety profile of extended dalteparin use appears similar to that of the acute usage currently approved'*.

The FRISC II investigators have *'introduced a new way to better protect patients awaiting revascularization for unstable coronary artery disease: a bridge over troubled water'*, says Dr F Verheugt from the University Medical Center St Radboud, Nijmegen, The Netherlands.² However, he also says that *'the therapeutic strategy is still not fully clear: is it low molecular weight heparin, oral anticoagulation, clopidogrel or a combination?'*.

* see Inpharma 1203: 15, 4 Sep 1999; 800763032

1. Husted SE, et al. Benefits of extended treatment with dalteparin in patients with unstable coronary artery disease eligible for revascularization. *European Heart Journal* 23: 1213-1218, No. 15, Aug 2002.

2. Verheugt FWA. Low molecular weight heparin: a bridge over troubled water. *European Heart Journal* 23: 1144-1146, No. 15, Aug 2002.