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Drug Therapy Boosting Heart-Attack Survival Rates

10-year study finds less long-term mortality

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MONDAY, March 24 (HealthDay News) -- The long-term survival of older Americans who have heart attacks has improved steadily in recent years and apparently is due to the drugs they are prescribed, a new study suggests.

Medicare and pharmacy data on 21,484 residents of New Jersey and Pennsylvania who had heart attacks showed a 3 percent year-by-year reduction in death rates from 1995 to 2004, according to the study.

After adjusting for various factors that could cloud the results, the study authors found that the prescription of drugs such as beta blockers, cholesterol-lowering statins, ACE inhibitors and the like may have been the primary reason for the improvement, said Dr. Soko Setoguchi, associate physician at Brigham and Women's Hospital in Boston, and lead author of the report.

The study doesn't mean that surgical interventions such as artery-opening angioplasty have no place in the long-term treatment of heart attack survivors, Setoguchi said. "The way we looked at it was mortality over time," she said. "What we found was that long-term mortality mainly was less because of medical treatment."

Surgical interventions were relatively uncommon in the group that was studied, Setoguchi said. Only about 25 percent of the heart patients had such interventions, compared to more than 60 percent being prescribed beta blocker drugs, for example, she said.

The findings are published in the April 1 issue of the *Journal of the American College of Cardiology*.

The study, which had no financial support from the pharmaceutical industry, looked only at prescriptions, not at whether the participants actually took the medications, Setoguchi said. A recent study found that a fairly large percentage of heart attack survivors did not take the medications prescribed for them, and those who didn't fared worse than those who did.

"If you don't take the medication, you don't get the benefit," Setoguchi said.

Surgical intervention, such as angioplasty, clearly has a role in the early treatment of heart attack, said Dr. David J. Maron, associate professor of medicine and emergency medicine at Vanderbilt University, and co-author of an accompanying editorial in the journal. The new report covered survival only after the first 30 days of a heart attack, he noted.

"We know that PCI [percutaneous coronary intervention, or angioplasty] improves survival in the acute phase of a heart attack," Maron said. "The best short-term therapy is reperfusion, preferably with PCI. As a complement to that, there needs to be long-term therapy for atherosclerosis."

Reperfusion is restoration of blood flow to the heart. Atherosclerosis is the artery-hardening process that leads to blockage of blood vessels.

Setoguchi agreed. A separate analysis of in-hospital deaths in the group of patients studied showed that "increased use of PCI might have explained the improvement in short-term mortality," she said.

Dr. William E. Boden, professor of medicine and public health at the State University of New York at Buffalo, called the study valuable, even though it had limitations. For instance, it only included residents of two states and left out data on survival in the first 30 days after a heart attack, he said.

"But I don't think those limits invalidate the study," Boden said. "This is a very important observation, because we tend to under-treat the elderly. Often we intuit that these medications are too little, too late, so why bother. The study stresses that these are higher-risk patients, and medications should be used as aggressively in older patients as in younger patients."

More information

The U.S. National Heart, Lung, and Blood Institute describes medications used to prevent and treat heart attacks.