



Interventional Cardiology

DUAL ANTIPLATELET THERAPY (DAPT) CESSATION AND CARDIOVASCULAR RISK IN RELATION TO AGE: ANALYSIS FROM THE PARIS (PATTERNS OF NON-ADHERENCE TO ANTI-PLATELET REGIMENS IN STENTED PATIENTS) REGISTRY

Poster Contributions

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Background: The examination of outcomes by age in percutaneous coronary intervention (PCI) is relevant given the aging population. We evaluated associations between DAPT cessation and cardiovascular (CV) risk after PCI in relation to age.

Methods: PARIS was a prospective, observational study that evaluated modes of DAPT cessation and outcomes over 2 years after PCI. We grouped participants by ages ≤ 55 , 56-74, and ≥ 75 years. DAPT cessation included physician-recommended discontinuation, interruption for surgery, and disruption from non-compliance or bleeding. Major adverse cardiac events (MACE) comprised cardiac death, definite or probable stent thrombosis, myocardial infarction, or clinically indicated target lesion revascularization. Associations between DAPT cessation and outcomes were examined using Cox regression.

Results: A total of 1,192 (24%) pts were ≤ 55 years, 2,869 (57%) pts were 56-74 years, and 957 (19%) pts were ≥ 75 years old. Analogous 2-year MACE rates were 11.4%, 11.2%, 12.7% respectively ($p=0.50$). Discontinuation was associated with lower MACE risk across age strata, while interruption was not associated with increased risk ($p_{\text{int}}=0.83$; $p_{\text{int}}=0.34$). In contrast, excess risk associated with disruption was observed in younger ages ($p_{\text{int}}=0.07$, Figure). P-tests for trend were not significant.

Conclusion: Associations between DAPT discontinuation or interruption and CV risk are not modified by age whereas risk after disruption attenuates in older versus younger individuals.

