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CORONARY ARTERY DISEASE

Gastroprotection in patients with CAD requiring DAPT

Data from the COGENT trial suggest that gastroprotection with proton-pump inhibitors (PPIs) should be used in selected patients with coronary artery disease (CAD) who require dual antiplatelet therapy (DAPT), even if they are receiving low-dose aspirin treatment.

The COGENT trial was a global, prospective, randomized, placebo-controlled trial with the aim to assess the safety and efficacy of PPI therapy in patients receiving DAPT and low-dose (≤100 mg) or high-dose (>100 mg) aspirin. The primary gastrointestinal (GI) end point was a composite of upper GI clinical events, and the secondary end point was symptomatic erosive oesophagitis confirmed using endoscopy. The primary cardiovascular end point was the composite of cardiovascular death, nonfatal myocardial infarction, coronary revascularization, or ischaemic stroke.

Patients were followed up for a median of 110 days. Overall, 66.1% of the study cohort were low-dose aspirin users ($n = 2,480$), and were more likely to be older, female, and to have higher rates of peripheral artery disease and hypertension. High-dose aspirin users had higher rates of hyperlipidaemia. PPI use was associated with reduced rates of the primary GI end point in patients receiving low-dose (1.2% versus 3.1%; $P = 0.003$) or high-dose (0.9% versus 2.6%; $P = 0.05$) aspirin. Kaplan–Meier analyses further demonstrated the benefit of PPI use in reducing the cumulative incidence of GI events in both subsets of aspirin users.

Importantly, PPI treatment did not increase the primary cardiovascular end point in either the low-dose or the high-dose aspirin group. Together, these data suggest that gastroprotection is important even in patients receiving low-dose aspirin, and this can be achieved by using PPI therapy.

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ORIGINAL ARTICLE Vaduganathan, M. *et al.* Proton-pump inhibitors reduce gastrointestinal events regardless of aspirin dose in patients requiring dual antiplatelet therapy. *J. Am. Coll. Cardiol.* http://dx.doi.org/10.1016/j.jacc.2015.12.068