

С.Д.АСФЕНДИЯРОВ АТЫНДАҒЫ ҚАЗАҚ ҰЛТТЫҚ МЕДИЦИНА УНИВЕРСИТЕТІ

КАФЕДРА: ДЕНСАУЛЫҚ САҚТАУ САЯСАТЫ ЖӘНЕ БАСҚАРУ

ПРОЕКТ ТАҚЫРЫБЫ: *Инфаркт миокардын емдеуде қолданылатын фракционды емес фармакоинвазивті гепарин мен эноксапариннің эффективтілігі мен қауіпсіздігін салыстыру*



**ОРЫНДАҒАН: ИСАБАЙҚЫЗЫ Н
ТОБЫ: 616
ФАКУЛЬТЕТ: ЖАЛПЫ МЕДИЦИНА**

МӘСЕЛЕ

40 жастағы әйел 4 күн бұрын ауруханаға инфаркт миокардымен түсті. Дәрігердің тағайындауы бойынша гепарин қабылдап жатыр. Бірақ емделу уақыты ұзақ. Дәрігер науқастың тез жазылып кетуіне эноксапариннің әсері қаншалықты? - деген сұрақ туды.

РІСО БОЙЫНША

- **Р** - Инфаркт миокардымен ауруханаға түскен 40 жастағы әйел-науқас
- **І** - Гепарин қолдану арқылы миокардтың қанмен қамтамасыз етілуін жақсарту
- **С** - Эноксапарин қолдану арқылы емдеу уақытын қысқартып, миокардты тез қанмен камтамасыз ету
- **О** - Жағдайы жақсару, емдеу уақытының қысқаруы, тез жазылуы.

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Миокард инфаркты/ эноксапарин

Key Words:

Myocardial infarction/ enoxaparin



КІЛТ СӨЗ БОЙЫНША ІЗДЕУ

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- [Comparison of the Prognosis of Spontaneous and P-Related Myocardial Infarction](#)
Leonardi S, Thomas L, Neely ML, Tricoci P, Lantieri A, Antman EM, Califf RM, Newby LK, Mahaffey KW. *J Am Coll Cardiol*. 2012 Oct 20. doi:pii: S0735-1097(12)04501-0. PMID: 23122801 [PubMed - as supplied by publisher] [Related citations](#)
- [Bivalirudin Versus Heparin Plus a Glycoprotein IIb/IIIa Inhibitor in Patients With Non-ST-Segment Elevation Myocardial Infarction Undergoing Percutaneous Coronary Intervention After Clopidogrel Pretreatment: Pooled Analysis from the ACCEL and ISAR-REACT 4 Trials](#)
Ndrepepa G, Neumann FJ, Dellborg EN, Mehran R, Mehilli J, Ferenc M, Schulz S, Schömig A, Kastrati A, Stone GW. *Circ Cardiovasc Interv*. 2012 Oct 1;5(5):705-12. doi: 10.1161/CIRCINTERVENTIONS.112.972869. Epub 2012 Oct 9. PMID: 23048652 [PubMed - in process] [Related citations](#)
- [Cost-effectiveness of fondaparinux in patients with acute coronary syndrome without ST-segment elevation](#)
Pepe C, Machado M, Olimpio A, Ramos R. *Arq Bras Cardiol*. 2012 Jul;99(1):613-22. Epub 2012 Jun 26. English, Portuguese. PMID: 22735867 [PubMed - in process] [Free Article](#) [Related citations](#)

PMC Images search for myocardial infarction enoxaparin

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The screenshot shows a web browser window with multiple tabs open, including 'принципы фо...', 'Переводчик...', 'myocardial inf...', 'Efficacy and se...', 'Эффективнос...', 'инфаркт мио...', 'Острый инф...', 'ключ - Поиск...', and 'Результат пои...'. The address bar shows 'www.ncbi.nlm.nih.gov/pubmed'. The browser interface includes a search bar with the text 'myocardial infarction/ enoxaparin' and a 'Search' button. Below the search bar, there are options for 'RSS', 'Search', and 'Advanced'. The main content area displays search results for 'myocardial infarction/ enoxaparin'. A red arrow points to the search bar. A red oval highlights the second search result, which is titled 'Efficacy and safety of enoxaparin compared with unfractionated heparin in the pharmacoinvasive management of acute ST-segment elevation myocardial infarction: Insights from the TRANSFER-AMI trial'. The result includes the authors 'Levi S, Cantor WJ, Casanova A, Tan MK, Yan AT, Džavík V, Fitchett D, Cohen EA, Borgundvaag B, Heffernan M, Ducas J, Goodman SG' and the journal 'Am Heart J. 2012 Feb;163(2):176-81.e2. PMID: 22305834 [PubMed - indexed for MEDLINE]'. The right sidebar contains sections for 'Titles with your search terms', '19 free full-text articles in PubMed Central', and 'Find related data'.

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1. Anticoagulation after simultaneous **enoxaparin** is time sensitive in STEMI patients treated with tenecteplase.

Welsh RC, Westerhouse M, Buller CE, O'Neill B, Gordon P, Armstrong PW. J Thromb Thrombolysis. 2012 Jul;34(1):126-31. doi: 10.1007/s11239-012-0697-7. PMID: 22362559 [PubMed - indexed for MEDLINE] Related citations

2. Efficacy and safety of **enoxaparin** compared with unfractionated heparin in the pharmacoinvasive management of acute ST-segment elevation **myocardial infarction**: Insights from the TRANSFER-AMI trial.

Levi S, Cantor WJ, Casanova A, Tan MK, Yan AT, Džavík V, Fitchett D, Cohen EA, Borgundvaag B, Heffernan M, Ducas J, Goodman SG. Am Heart J. 2012 Feb;163(2):176-81.e2. PMID: 22305834 [PubMed - indexed for MEDLINE] Related citations

3. Esomeprazole compared with famotidine in the prevention of upper gastrointestinal bleeding in patients with acute coronary syndrome or **myocardial infarction**.

Ng FH, Tunggal P, Chu WM, Lam KF, Li A, Chan K, Lau YK, Kng C, Keung KK, Kwan A, Wong BC. Am J Gastroenterol. 2012 Mar;107(3):389-96. doi: 10.1038/ajg.2011.385. Epub 2011 Nov 22. PMID: 22108447 [PubMed - indexed for MEDLINE]

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TIMI 11B. **Enoxaparin** versus unfractionated heparin for unstable angina or [Am Heart J. 1998]

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Am Heart J. 2012 Feb;163(2):176-81.e2.

Efficacy and safety of enoxaparin compared with unfractionated heparin in the pharmacoinvasive management of acute ST-segment elevation myocardial infarction: Insights from the TRANSFER-AMI trial.

Lavi S, Cantor WJ, Casanova A, Tan MK, Yan AT, Džavík V, Fitchett D, Cohen EA, Borquindvaag B, Heffernan M, Ducas J, Goodman SG.

London Health Sciences Centre, Ontario, Canada.

Abstract

AIMS: An early invasive strategy after fibrinolysis for ST-elevation myocardial infarction (STEMI) improves outcomes, but the relative efficacy and safety of enoxaparin compared with unfractionated heparin (UFH) as part of this approach are unknown.

METHODS AND RESULTS: In the TRANSFER-AMI trial, patients with high-risk STEMI received fibrinolysis and were then randomized to either standard treatment or to immediate transfer for coronary angiography. In this substudy, the outcome of patients aged <75 years treated with enoxaparin is compared with that of patients who received UFH. Logistic regression and propensity score models were used to evaluate the efficacy and safety of these anticoagulants. Enoxaparin was administered to 498 patients, and UFH, to 448 patients, at the time of fibrinolysis. Approximately 50% in each group were randomized to the early invasive strategy. The primary composite end point of death, reinfarction, recurrent ischemia, new or worsening heart failure, or cardiogenic shock at 30 days occurred in 11.9% and 11.6% of the patients who received enoxaparin and UFH, respectively (adjusted odds ratio 0.95 [95% CI 0.60-1.51], P = .84). Enoxaparin use was associated with more access site bleeding (5.0% vs 2.9%, P = .04) and mild bleeding (12.1% vs 7.8%, P = .03).

CONCLUSIONS: Among high-risk patients with STEMI undergoing early or late transfer for cardiac catheterization after fibrinolysis, enoxaparin was associated with similar efficacy compared with UFH, but there was more minor bleeding with enoxaparin (ClinicalTrials.gov no. NCT00164190).

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Percutaneous coronary intervention in patients receiving enoxaparin or i [J Am Coll Cardiol. 2007]

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МАҚАЛАНЫҢ ТАҚЫРЫБЫ

- **Efficacy and safety of enoxaparin compared with unfractionated heparin in the pharmacoinvasive management of acute ST-segment elevation myocardial infarction**
- **Инфаркт миокардын емдеуде қолданылатын фракционды емес фармакоинвазивті гепарин мен эноксапариннің эффективтілігі мен қауіпсіздігін салыстыру**

- **ЗЕРТТЕУДІҢ ӨТКІЗІЛГЕН ЖЕРІ:** London Health Sciences Centre, Ontario, Canada.
- **АВТОРЛАРЫ:** Lavi S, Cantor WJ, Casanova A, Tan MK, Yan AT, Džavík V, Fitchett D, Cohen EA, Borgundvaag B, Heffernan M, Ducas J, Goodman SG.
- **ПУБЛИКАЦИЯ ЖЫЛЫ:** Am Heart J. 2012 Feb;163(2):176-81.e2.
- **ЗЕРТТЕУ ӘДІСІ:** TRANSFER-AMI, Рандомизацияланған бақылау сынақ(РБС),

- Зерттеуге рандомизация әдісімен 2 топ алынды: **БЕЛСЕНДІ** және **САЛЫСТЫРМАЛЫ**
- Белсенді топта – 448 науқас (гепарин, фибринолиз)
- Салыстырмалы топта – 498



□ **Әдісі:** *TRANSFER-AMI-де миокард инфарктіне қауіпі бар науқастар фибринолиз қабылдап, ары қарай стандартты ем қабылдау үшін рандомизацияланды. Бұл зерттеуде 75 жасан төмен науқастардың 1 тобы-эноксапарин, 2 тобы-гепарин қабылдады. Осы зерттеу антикоагулянттардың эффеқтивтілігінің жылдамдығын зерттеу болды 498 науқасқа – эноксапарин және 448 науқасқа гепарин мен фибринолиз енгізілді.*

□ **Method:** *In the TRANSFER-AMI trial, patients with high-risk STEMI received fibrinolysis and were then randomized to either standard treatment or to immediate transfer for coronary angiography. In this substudy, the outcome of patients aged <75 years treated with enoxaparin is compared with that of patients who received UFH. Logistic regression and propensity score models were used to evaluate the efficacy and safety of these anticoagulants. Enoxaparin was administered to 498 patients, and UFH, to 448 patients, at the time of fibrinolysis.*

□ **Нәтижесі:** 30 күннен кейін нәтижесін бағалауда жүректің тоқтауы және миокард инфарктының қайталануы эноксапарин пайдаланғандар 11,9% және гепарин пайдаланғандар 11,6% қысқарды. Екеуінің ара қатынасы 0,95 [95% CI 0.60-1.51], $P = .84$ жиілікті құрады. Эноксапарин пайдаланғанда миокардтың кей жерлерінің қанмен қамтамасыз етілуі біршама көбейді (5.0% vs 2.9%, $P = .04$) және капиллярдың ашылуы (12.1% vs 7.8%, $P = .03$)

□ **Result:** *Approximately 50% in each group were randomized to the early invasive strategy. The primary composite end point of death, reinfarction, recurrent ischemia, new or worsening heart failure, or cardiogenic shock at 30 days occurred in 11.9% and 11.6% of the patients who received enoxaparin and UFH, respectively (adjusted odds ratio 0.95 [95% CI 0.60-1.51], $P = .84$). Enoxaparin use was associated with more access site bleeding (5.0% vs 2.9%, $P = .04$) and mild bleeding (12.1% vs 7.8%, $P = .03$).*

□ **Қорытынды:** *Миокард инфарктіне қауіп бар науқастарда 30 күн фибринолиз, гепарин пайдаланғанда эноксапаринмен әсер ету механизмі бірдей болды, бірақ эноксапарин қолданған науқастардың жазылуы тез болды және миокардтың қанмен қамтамасыз етілуі гепаринге өарағанда жылдам болып, науқастың жағдайы тез жақсарды.*





СПАСИБО ЗА
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