

Aspirin Not Always Best Drug in I.H.D.

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Aspirin is the best drug in patients of ischaemic heart disease to prevent myocardial infarction.

But there are two situations where Aspirin will not work -

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1. Diabetic patients - we often see that diabetics develop myocardial infarction inspite of taking Aspirin
2. If Platelet Aggregation test is positive, then in that patient Aspirin will not work. It is high time that all Pathological labs start doing this important test.

Polypills: an essential medicine for cardiovascular disease

Randomised trials have shown that polypills combining a statin with one or more antihypertensive drugs and aspirin improve treatment adherence rates and safely reduce cardiovascular risk factors in patients with established cardiovascular disease. Yet, in contrast to conditions such as HIV, asthma, and migraine, for which combination treatments have gained universal acceptance, the idea of a polypill for cardiovascular disease prevention, while popular among patients, has proved less so among specialist physicians.

The tide seems to be turning, with the recent approval of a polypill containing aspirin, ramipril, and atorvastatin in more than 30 countries across Latin America and Europe.

Editorial, The Lancet, March 2017, Vol 389

A quarter-dose quadpill for initial treatment of hypertension

In The Lancet, Clara Chow and colleagues report their assessment of initial antihypertensive treatment using a quadruple combination of very low (a quarter of the usual) doses of a diuretic agent, an angiotensin receptor blocker, a calcium channel inhibitor, and a β blocker.

Evidence is accumulating that routine initiation of a drug combination, rather than a single agent, improves long-term outcomes.

In one study, in which the inter-relationship between blood pressure reduction, goal attainment, and outcomes was investigated, the risk of major cardiovascular events was reduced by 34% in patients who started on a combination compared with those who initiated monotherapy and were later switched to a combination by their treating clinician.

Optimum treatment begins with an effective lifestyle modification. When followed conscientiously, a Mediterranean-type diet, moderate salt restriction, modest weight loss, and regular physical exercise are all capable of reducing blood pressure by amounts equivalent to one antihypertensive agent and should be encouraged in every patient.

Alan H Gradman, The Lancet, March 2017, Vol 389