secure

Secondary prevention of cardiovascular disease in the elderly

http://www.secure-h2020.eu/

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SECURE | Consortium

2500 patients recruited in 113 centers across 7 European Countries

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ferrer

Study Overview

N=2500 Post MI >65

+ At Least One

- a. Documented DM
- b. Mild to moderate CKD
- c. Prior MI
- d. Prior coronary revascularization
- e. Prior stroke
- f. Age ≥ 75 years

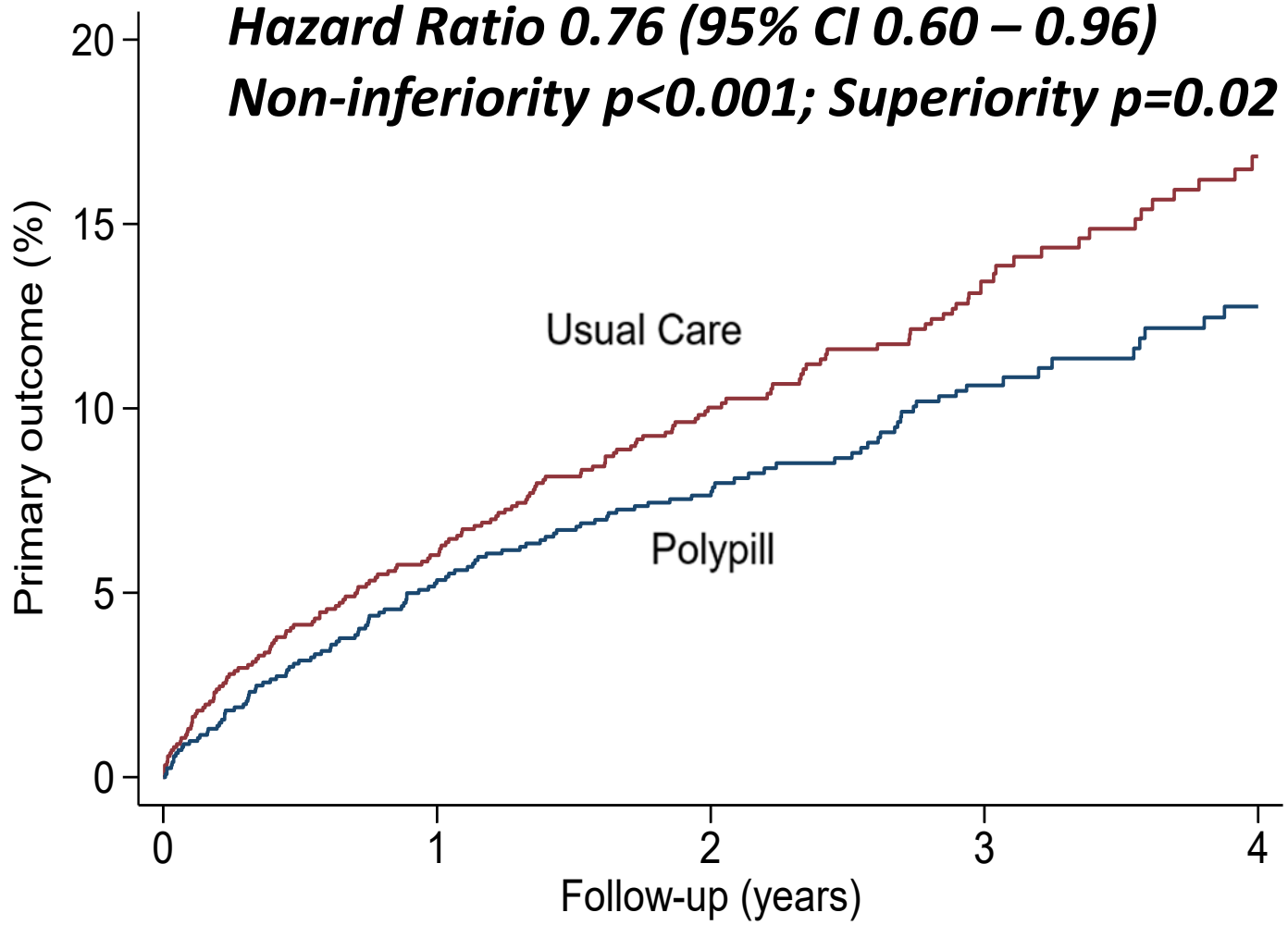
ASPIRIN 100
ATORVASTATIN 20/40
RAMIPRIL 2.5/5/10

Median FU: 3 years

The primary composite endpoint
cardiovascular death, MI, stroke, or urgent revascularization.
The key secondary endpoint
cardiovascular death, MI, or stroke.

Primary Outcome

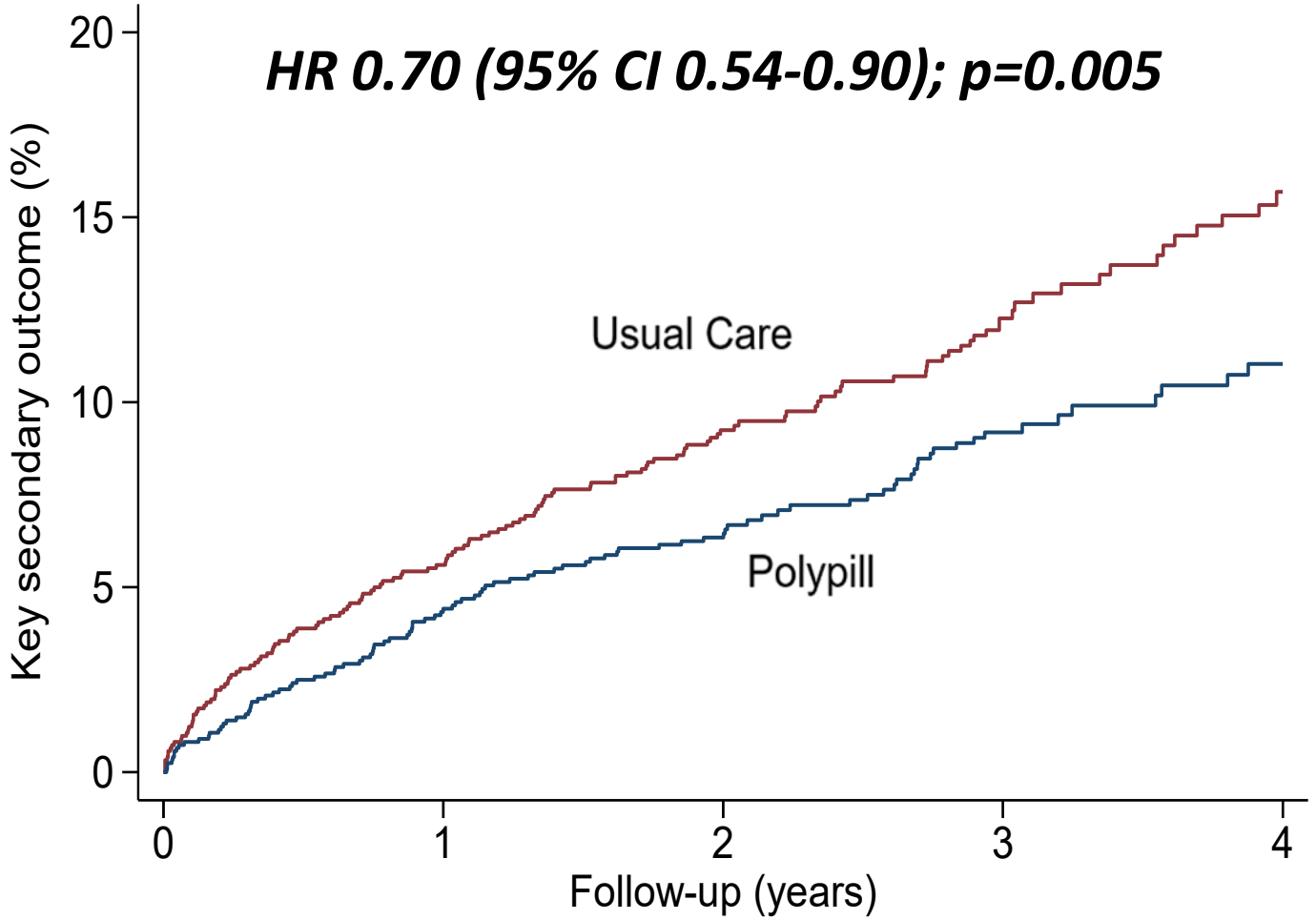
Composite of CV Death, MI, Stroke, and Urgent Revascularization



Number at risk					
Usual Care	1229	1075	852	518	196
Polypill	1237	1064	848	511	192

Key Secondary Outcome

Composite of CV Death, MI, Stroke



Number at risk					
Usual Care	1229	1079	857	522	196
Polypill	1237	1074	859	521	201

Conclusions

A treatment strategy based on a polypill containing aspirin, atorvastatin, and ramipril, led to fewer recurrent cardiovascular events following Myocardial Infarction, presumably due to improved adherence.

Use of a polypill strategy is safe, no differences in adverse events between groups.

Use of a cardiovascular polypill as a substitution approach could be an integral part of a global strategy to improve secondary prevention.