secure
Secondary prevention of cardiovascular disease in the elderly

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2500 patients recruited in 113 centers across 7 European Countries

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Study Overview

N=2500 Post MI >65

Median FU: 3 years

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

The key secondary endpoint
cardiovascular death, MI, or stroke.

+ 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
Primary Outcome

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

Hazard Ratio 0.76 (95% CI 0.60 – 0.96)
Non-inferiority $p<0.001$; Superiority $p=0.02$

Primary Outcome (Composite of CV Death, MI, Stroke, and Urgent Revascularization)

- Usual Care
- Polypill

Number at risk
- Usual Care: 1229
- Polypill: 1237

Follow-up (years)

Number at risk over time:
- Usual Care: 1075, 852, 518, 196
- Polypill: 1064, 848, 511, 192
**Key Secondary Outcome**

**Composite of CV Death, MI, Stroke**

HR 0.70 (95% CI 0.54-0.90); p=0.005

![Graph showing HR 0.70 for Composite of CV Death, MI, Stroke with Usual Care and Polypill](image)

<table>
<thead>
<tr>
<th>Number at risk</th>
<th>Follow-up (years)</th>
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<tbody>
<tr>
<td>Usual Care</td>
<td>Polypill</td>
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<tr>
<td>1229</td>
<td>1079 857 522 196</td>
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<tr>
<td>1237</td>
<td>1074 859 521 201</td>
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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.