

## INTRODUCTION

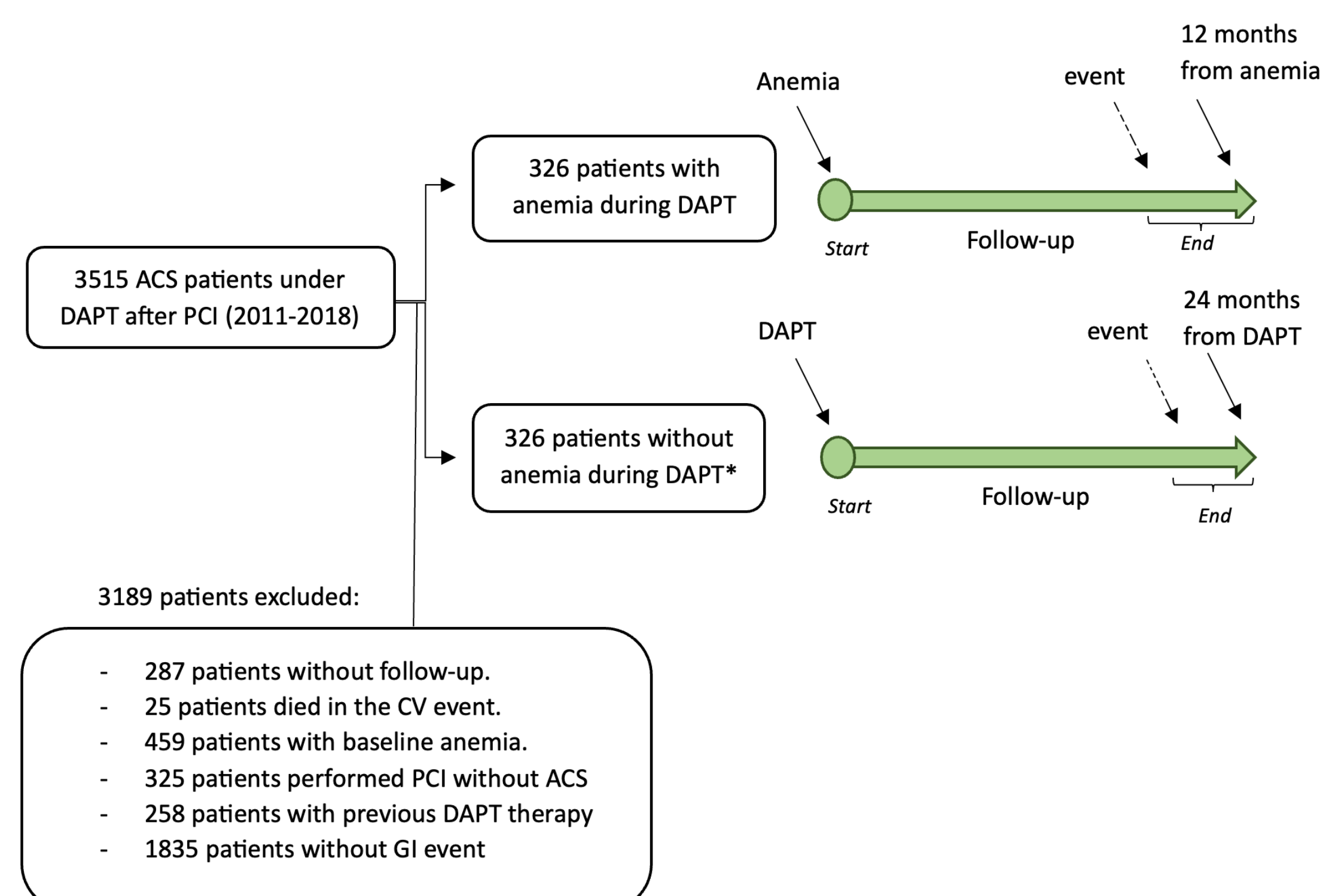
Dual antiplatelet therapy (DAPT) based on Acetyl Salicylic Acid (ASA) and clopidogrel, prasugrel or ticagrelor is widely used as secondary prophylaxis after cardiovascular (CV) events following percutaneous coronary intervention (PCI). However, this treatment increases the risk of gastrointestinal (GI) events. The association of GI bleeding and a poor prognosis has been demonstrated but the influence of the onset of minor GI events such as anemia during DAPT in the development of adverse events remains unclear.

## AIM

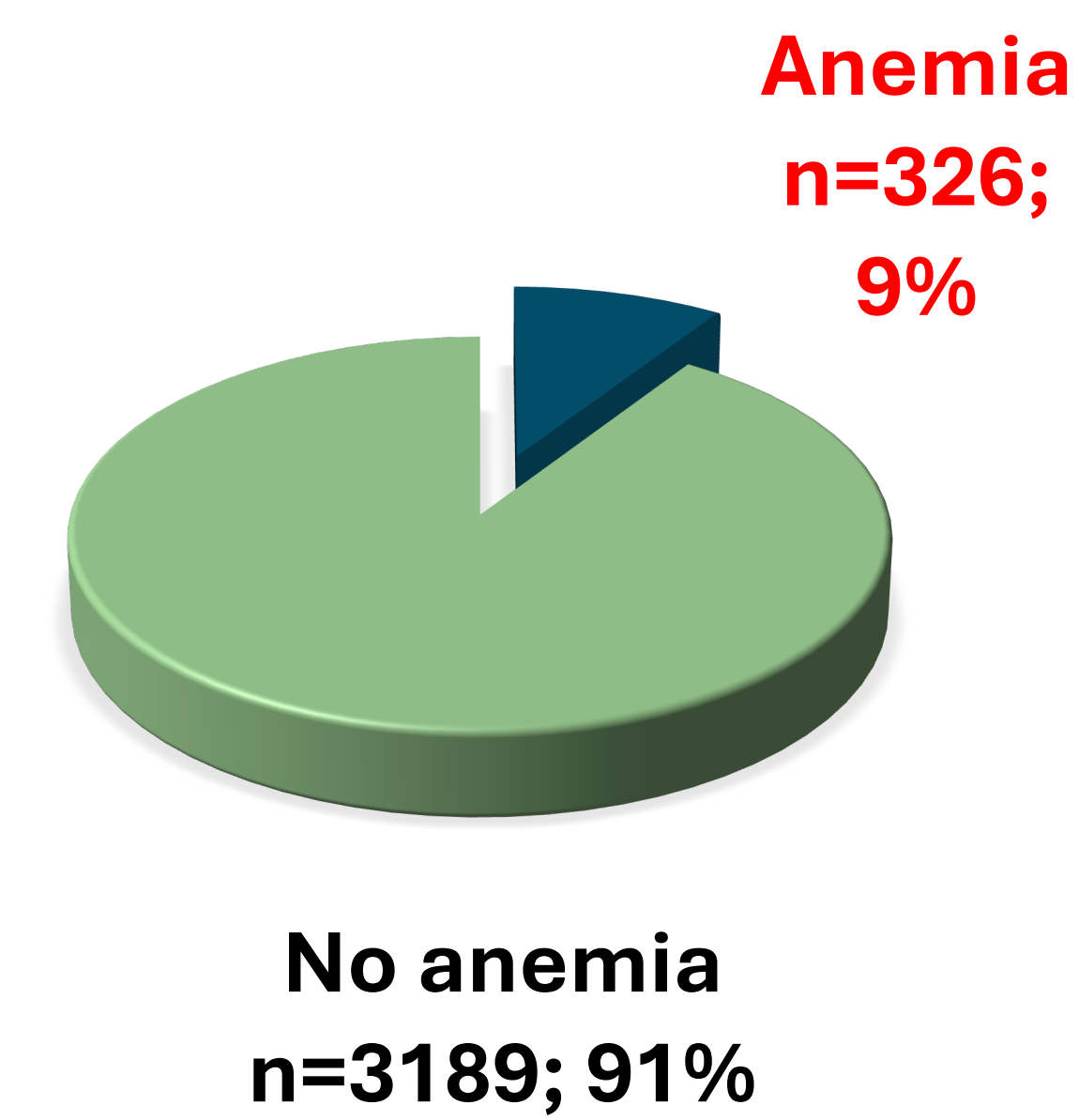
To evaluate the prevalence of development of anemia in patients on DAPT and its **association with GI events, ischemic events, and mortality**. Additionally, we aimed to analyze the frequency and potential benefits in terms of mortality and CV events of oral iron treatment in these patients.

## METHOD

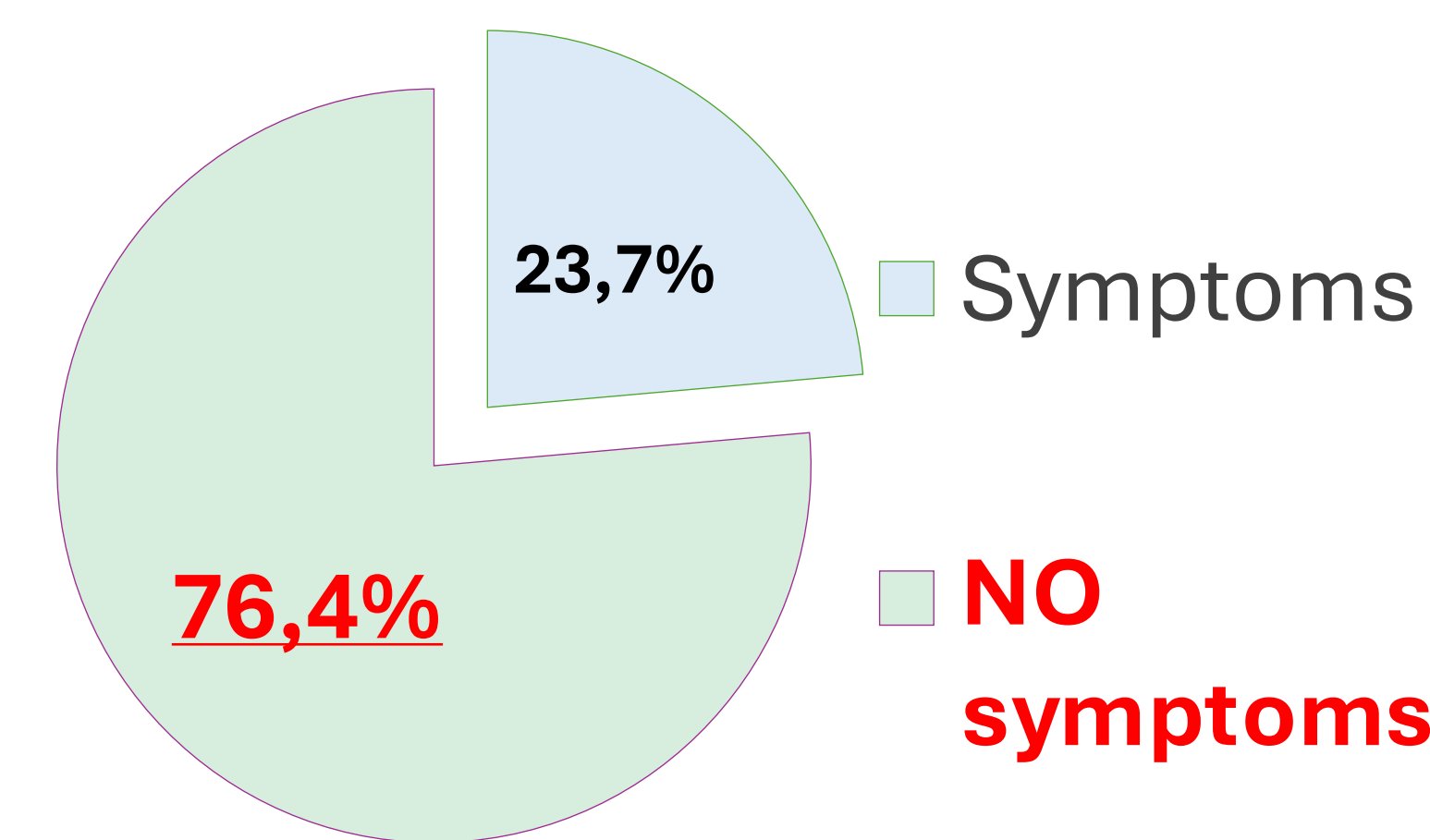
Multicenter retrospective propensity score matching study carried out on patients who developed anemia while on DAPT from 2011 to 2018 in two university Hospitals in Zaragoza, Spain.



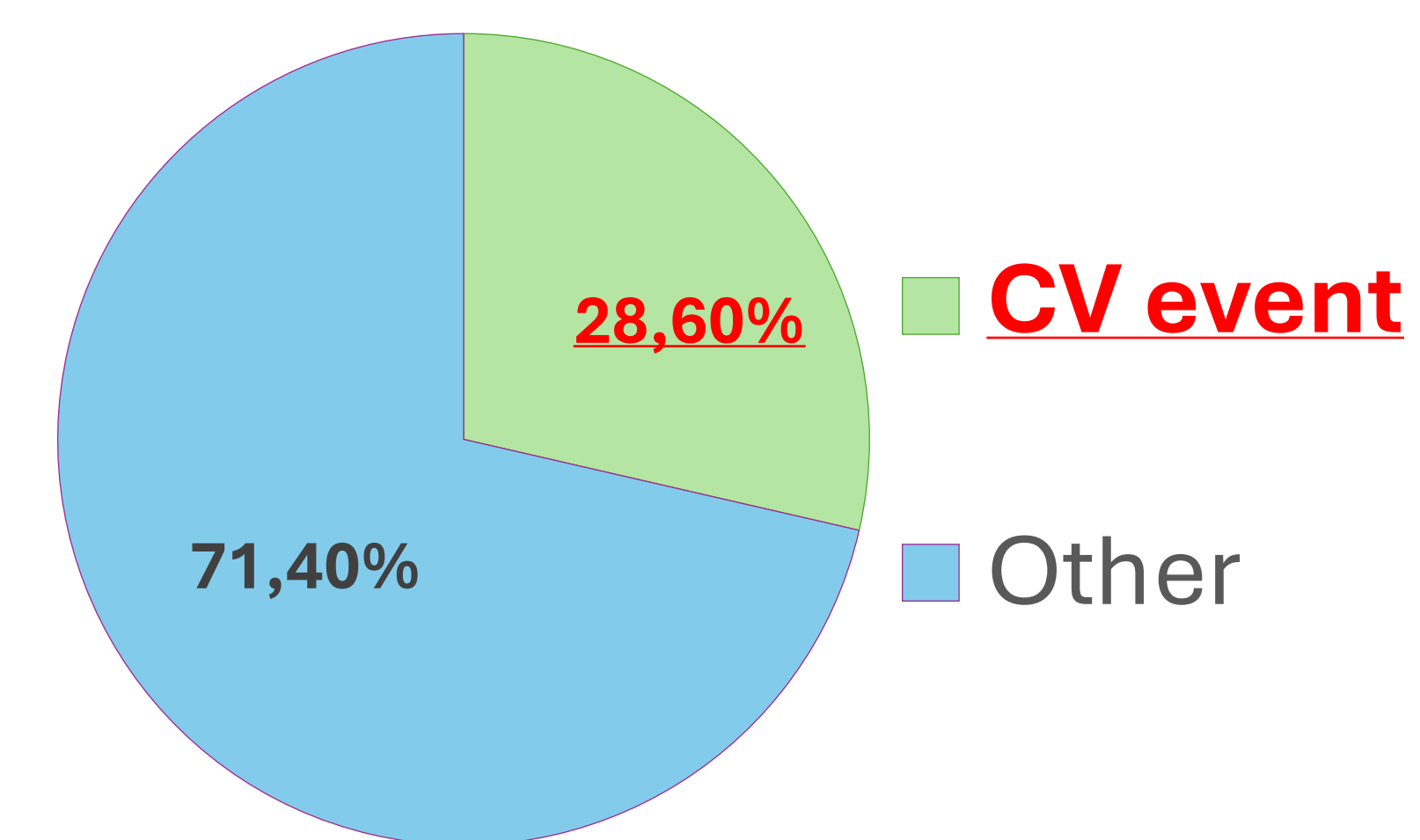
## PREVALENCE OF ANEMIA



## SYMPTOMS



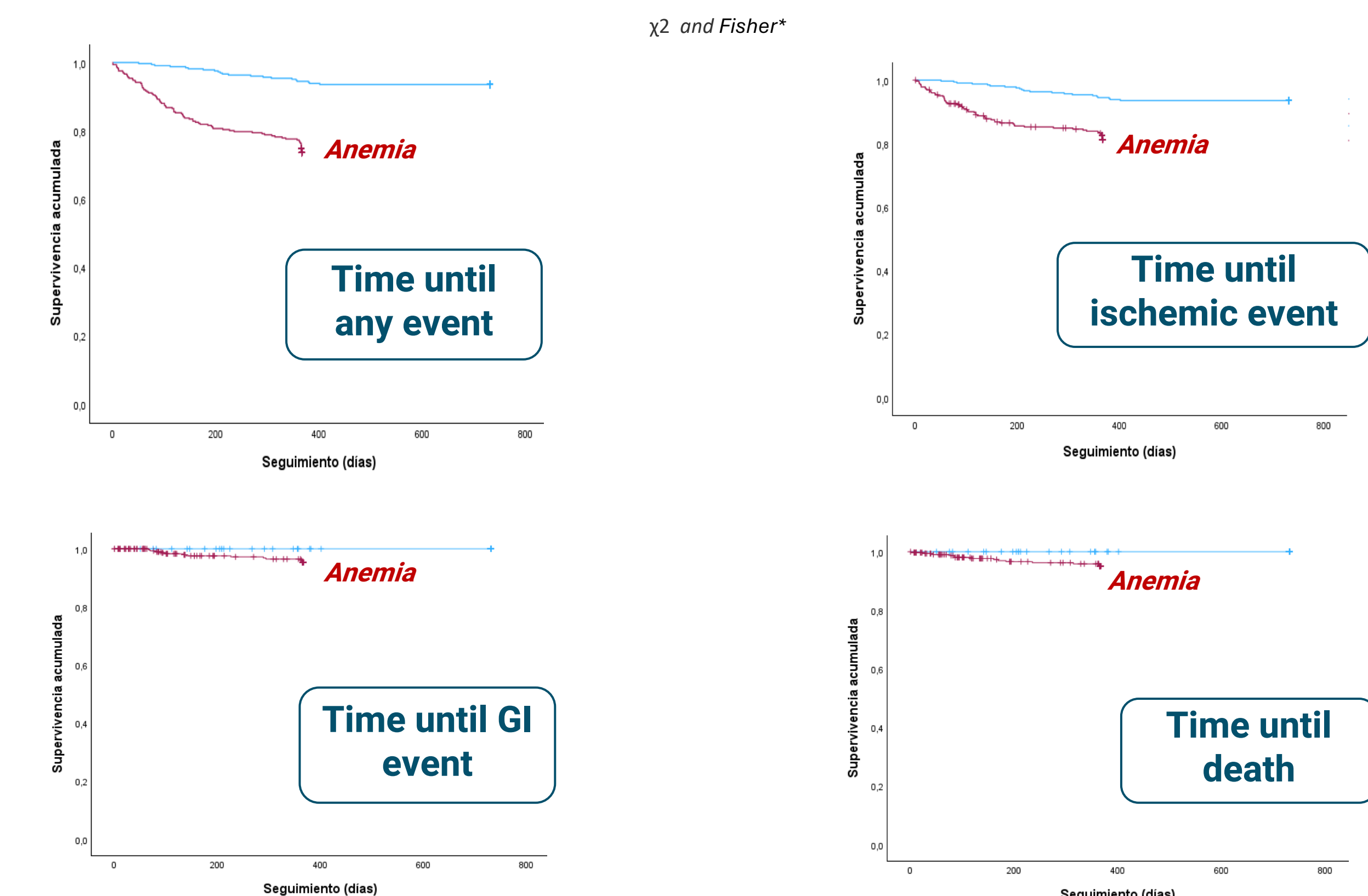
## MORTALITY



CV: Cardiovascular

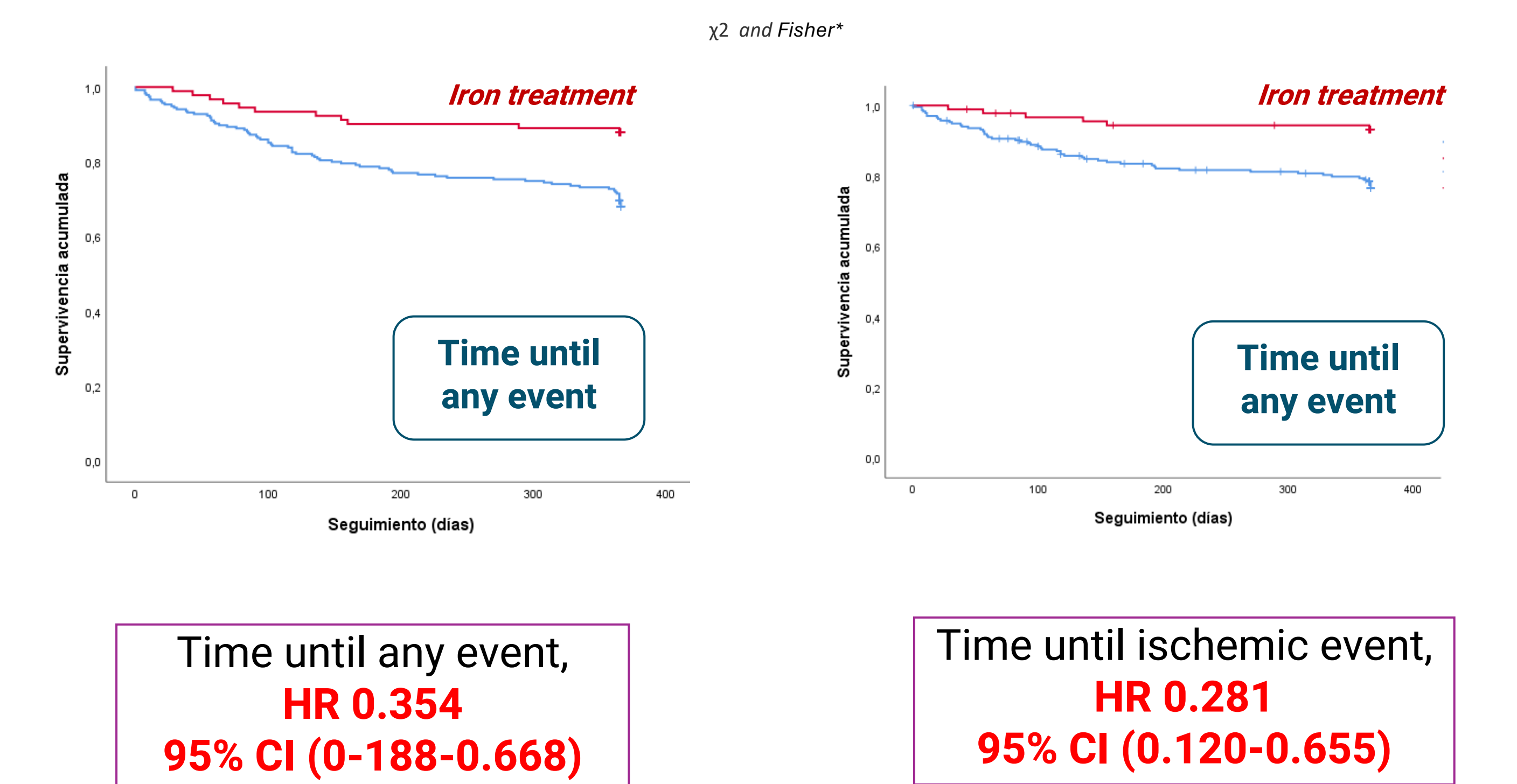
## EVENTS DURING FOLLOW-UP

EVENTS	TOTAL n = 652	NO anemia n = 326	Anemia n = 326	p - value
<b>EVENT</b>	104 (16.0%)	21 (6.4%)	83 (25.5%)	<b>&lt;0.001</b>
<b>HAEMORRHAGIC EVENT</b>	13 (2.0%)	0 (0.0%)*	13 (4.0%)	<b>&lt;0.001</b>
<b>ISCHEMIC EVENT</b>	77 (11.8%)	21 (6.4%)	56 (17.2%)	<b>&lt;0.001</b>
<b>DEATH</b>	14 (2.1%)	0 (0.0%)*	14 (4.3%)	<b>&lt;0.001</b>



## EFFECT OF IRON TREATMENT

EVENTS	Total (n=326) (patients with anemia)	Iron Treatment (n=91)	NO iron treatment (n=235)	p - value
<b>EVENT</b>	83 (25.5%)	11 (12.1%)	72 (30.6%)	<b>&lt;0.001</b>
Hemorrhagic event	13 (3.9%)	3 (3.3%)*	10 (4.3%)	1.000
<b>ISCHEMIC EVENT</b>	56 (17.2%)	6 (6.6%)	50 (21.3%)	<b>0.001</b>
Mortality	14 (4.3%)	2 (2.2%)*	12 (5.1%)	0.364



## CONCLUSIONS

The development of anemia during DAPT after coronary angioplasty for ACS is associated with an increased risk of ischemic recurrence, gastrointestinal bleeding events, and increased mortality.

Most of the patients who developed anemia were asymptomatic, so it is essential to actively search for anemia in these patients.

The low prevalence of iron treatment in patients with anemia is noteworthy. Iron treatment significantly reduces the incidence of ischemic events in this patient profile.

## REFERENCES

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## CONTACT INFORMATION

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