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## Efficacy and safety of cilostazol plus p2y12 inhibitor compared to aspirin plus p2y12 inhibitor in the reduction of adverse cardiovascular

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INTRODUCTION: The use of dual antiplatelet therapy (DAPT) with aspirin plus P2Y12 receptor

inhibitor has become a cornerstone in patients with coronary artery disease undergoing percutaneous coronary intervention (PCI) for the prevention of stent thrombosis. However, aspirin intolerance poses a problem, in the lack of guideline-based alternatives with proven benefit. In this study, we aim to determine the efficacy and safety of cilostazol-based DAPT as an alternative treatment for aspirin among patients undergoing PCI.

**METHODS:** A comprehensive literature search was performed. All studies that investigated cilostazol as an alternative to aspirin on top of a P2Y12 inhibitors for patients undergoing PCI were included. Outcomes of interest in this meta-analysis were reduction of major adverse cardiovascular events (MACE) and bleeding.

**RESULTS:** A total of three cohort studies enrolling 1,227 patients on the cilostazol group and 1,480 on the aspirin group, both on top of a P2Y12 inhibitor, were eligible for inclusion and were analyzed. On pooled estimate, there was no significant difference between cilostazol-based DAPT vs aspirin based DAPT in the efficacy end points of MACE (OR: 1.32 [95% CI 0.79-2.23], p = 0.29) and acute myocardial infarction (OR: 0.94 [95% CI 0.46-1.89], p = 0.85). With regards to safety, cilostazol-based DAPT was significantly associated with less bleeding (OR: 0.52 [95% CI 0.27-0.99], p = 0.05). All estimates were homogenous across all outcomes with a p value >0.1 and an I2 <50%.

**CONCLUSION:** Cilostazol compared to aspirin, both on top of a P2Y12 receptor inhibitor, is as efficient in reduction of MACE and acute myocardial infarction; and even safer in terms of bleeding. Cilostazol-based DAPT may serve as an alternative to standard DAPT among aspirin-intolerant patients undergoing PCI.

## **Biography**

Rossel Anjelo A. Ambal has completed his MD at the age of 23 years from De La Salle University – Health Sciences institute, Philippines. He underwent his residency training and became Chief Resident in Internal Medicine at Ospital ng Muntinlupa, Philippines. Currently, he is undergoing Fellowship training in Adult Cardiology at Asian Hospital and Medical Center, Philippines

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