

Treatment strategies for patients at high risk of and with a heart attack

(angina pectoris and non-ST elevation myocardial infarction)

Numbers for adults aged 75 years and younger with unstable angina pectoris or a non-ST elevation myocardial infarction who were observed for 6 to 12 months and who were treated either with initial drug therapy or direct invasive treatment.

	100 people with initial drug therapy	100 people with direct invasive treatment
Benefits		
How many people had a heart attack?	8	6
How many people experienced recurrent pain due to angina pectoris (refractory angina)*?	33	21
How many people died overall?	4	4
Harms		
How many people experienced bleeding complications after a procedure?	4	7
How many people had a heart attack that was caused by a procedure?	3	6
How many people had to be readmitted to the hospital due to an acute coronary syndrome (e.g. chest pain)?	29	22

*Recurrent pain from angina pectoris after treatments using drugs, catheters, or surgeries, which cannot be alleviated through further treatment.

Short summary: People who were treated through direct invasive treatment had fewer heart attacks and less recurrent pain due to angina pectoris. However, the treatment had no effect on the number of people who died overall. Invasive treatment was linked to more bleeding complications and heart attacks; however, it led to fewer hospital readmissions.