

中文題目：Dipyridamole 加上雙重抗血小板治療對急性心肌梗塞後病人長期死亡率和中風預防的影響

英文題目：Synergic Effect of Dipyridamole and Clopidogrel on Stroke Prevention and Long-Term Outcomes in Aspirin Intolerant Patients with Acute Myocardial Infarction and Previous Stroke

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Background: There was no experience on the combination therapy of dipyridamole and clopidogrel on stroke prevention and their long-term outcomes in aspirin intolerant patients with acute myocardial infarction and previous stroke. This study investigated the impact of dipyridamole and clopidogrel on secondary stroke prevention and long-term outcomes in aspirin intolerant stroke patients after acute myocardial infarction (AMI).

Methods: This is a nationwide, case-control study involving 186,112 first AMI patients, 78,607 of whom had a previous history of cerebrovascular incidents. In final analysis, 4,637 patients taking clopidogrel alone and 208 patients using clopidogrel and dipyridamole were included.

Results: The 12-year survival rate was not different between the clopidogrel and clopidogrel-dipyridamole groups (log-rank $P = .6247$). Furthermore, there were no differences in event-free survival after stroke (log-rank $P = .6842$), gastrointestinal (GI) bleeding (log-rank $P = .9539$), or intra-cerebral hemorrhage (ICH) (log-rank $P = .6191$) between the two groups. Dipyridamole did not contribute significantly to AMI survival (HR = 0.98; 95% CI: 0.84-1.15). Moreover, dipyridamole did not show benefits in any subgroup regardless of sex, age (under or over 75 years old), comorbidities, percutaneous coronary intervention, or medications.

Conclusion: There was no difference in the 12-year survival rate between the clopidogrel and clopidogrel-dipyridamole groups. The two groups had similar event-free survival in recurrent stroke, ICH, GI bleeding, and myocardial infarction.