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The antiplatelet effect of clopidogrel is not attenuated by taking rabeprazole and famotidine in Japanese patients with ischemic heart disease

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Background: The patients taking clopidogrel often take proton pump inhibitor (PPI) to prevent gastrointestinal tract bleeding. However, recent studies suggest that use of clopidogrel with PPI was associated with a higher risk of adverse cardiac outcomes than use of clopidogrel without PPI. Among patients treated with acetylsalicylic acid and clopidgrel, use of omeprazole significantly reduced the antiplatelet activity of clopidogrel. Objective: To assess platelet aggregation of Japanese patients taking clopidogrel 75mg daily with rabeprazole or famotidine after hospitalization. Methods: 84 ischemic heart disease patients on dual-antiplatelet therapy were examined platelet aggregation test after coronary intervention. ADP-induced aggregation was measured by optical aggregometer. Platelet aggregation curve was determined with 0.5, 1.0, 2.0 and 4.0 μ M. We evaluated the platelet aggregately index (PATI) for platelet aggregation function. Gastorointestinal drug prescribed 19 patients with famotidine, 41 patients with rabeprazole and 24 patients without gastric antacid. The index of platelet aggregation function was compared among three groups. Results: PATI were 3.93 \pm 0.21 μ M with famotidine group, 3.55 \pm 1.00 μ M with rabeprazole group, and 3.53 \pm 0.92 μ M without gastric antacid group. PATI was not significant differences among three groups. (Data was mean \pm SD) Conclusion: Antiplatelet effect of clopidogrel was not influenced by concomitant treatment with rabeprazole and famotidine in Japanese patients with ischemic heart disease.