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Comparison of Calcium-Channel Blockers for Long-Term Clinical Outcomes in Patients with Vasospastic Angina

Background: Calcium channel blockers (CCBs) are most widely prescribed medication for patients with vasospastic angina (VA). Only a few studies have compared the prognostic effects of CCBs. **Methods:** We enrolled 2960 patients who received coronary angiography (CAG) and ergonovine provocation test prospectively in 11 university hospitals in Korea. Primary outcome was time to events of composite of death from any cause, acute coronary syndrome (ACS) and symptomatic arrhythmia during 3-year follow-up. We also compared each CCB for the control of angina symptom in patients with VA. **Results:** Diltiazem was the most prescribed drug (79.0%) followed by amlodipine (11.1%), nifedipine (5.8%) and benidipine (4.1%). There was no difference of primary outcome among 4 CCBs. Use of benidipine showed significant better control of angina symptom compared with diltiazem for 3years (OR 0.43, 95% CI 0.24-0.77, P=0.006 at 1st year, OR 0.23, 95% CI 0.11-0.46, P<0.0001 at 2nd year and OR 0.17, 95% CI 0.09-0.32, P<0.0001 at 3rd year). Using nitrate was an independent risk factor for composite of primary outcomes (HR 1.98, 95% CI 1.23-3.20, P=0.005). **Conclusions:** Although 4 CCBs did not differ in clinical outcome occurrence, benidipine showed significant better control rate of angina symptom as compared with diltiazem for 3-years.