

Interventional treatment for stable angina pectoris is not superior to medical treatment

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Older studies, performed in the era when coronary stent angioplasty was not routinely performed, showed that in stable angina coronary balloon angioplasty was not superior when added to medical treatment in reducing the rate major cardiovascular events (e.g., death, myocardial infarction). The COURAGE study evaluated the same question in the modern era of coronary stent angioplasty. This study included 2287 patients with stable angina pectoris who were randomized 1:1 to coronary stent angioplasty or no angioplasty associated with optimal medical treatment. Patients were followed for a mean of 4.6 years (2.5 to 7 years). The primary objectives of the trial were death of any cause and non-fatal myocardial infarction.

There were no statistical significant differences between the two groups of treatment in either of the primary objectives. Thus, the cumulative primary event rate was 19.0% in the interventional group vs. 18.5% in the medical group ($p=0.62$). Similarly, the combined clinical endpoint of death, myocardial infarction and stroke did not differ between study groups. Both the incidence of acute coronary syndromes (12.4% vs. 11.8%) and myocardial infarctions (13.2% vs. 12.3%) were also similar in the interventional group vs. the medical group.

In conclusion, interventional treatment (stent angioplasty) for stable angina pectoris does not provide additive benefit on top of proper medical treatment. Thus, coronary angiography and stent angioplasty are not indicated for stable coronary artery disease. \square

Comment on the paper:

Boden WE, O'Rourke RA, Teo, et al, for the COURAGE Trial Research Group – Optimal Medical Therapy with or without PCI for Stable Coronary Disease. *N Engl J Med* 2007; 356:1503-1516