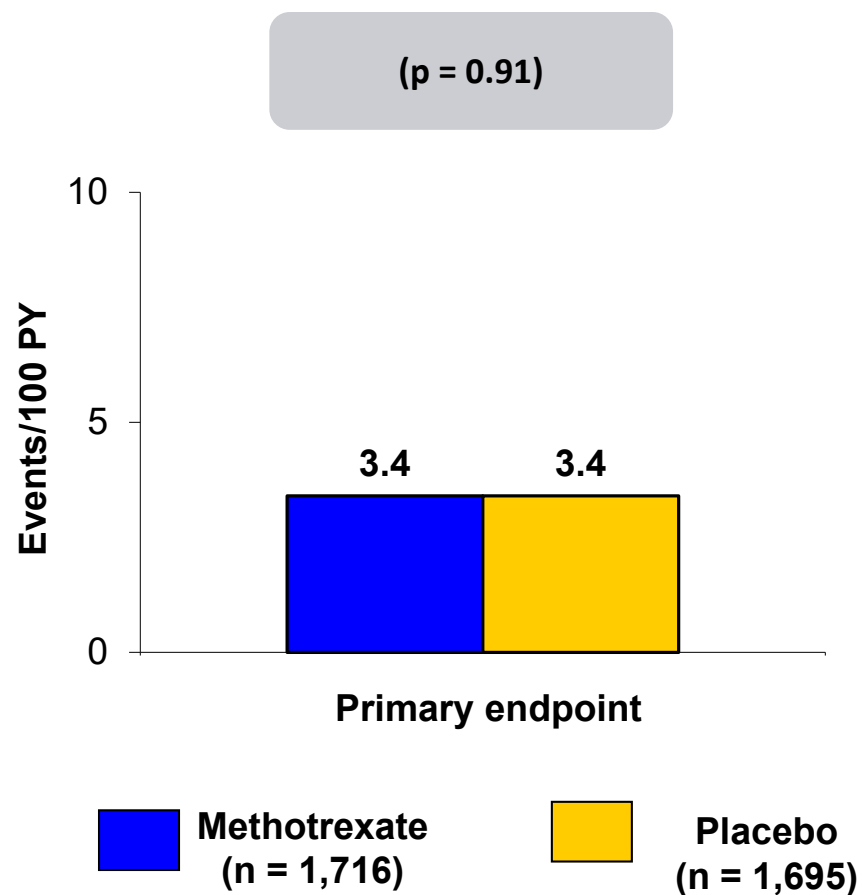


Trial description: Patients with stable CAD and diabetes mellitus and/or metabolic syndrome were randomized in a 1:1 fashion to either low-dose methotrexate 15-20 mg weekly or placebo. Patients were followed for about 4 years.



RESULTS

- Primary endpoint, MACE: low-dose methotrexate vs. control: 3.4/100 person-years vs. 3.4/100 person-years, HR 1.01, 95% CI 0.82-1.25, p = 0.91
- All-cause mortality: 1.8% vs. 1.6%, p = 0.32, HF hospitalization: 0.95% vs. 1.06%, p = 0.54, MI: 2.3% vs. 2.3%, p = 0.95
- Any infection: 62.4% vs. 56.0%, p = 0.004

CONCLUSIONS

- Low-dose methotrexate does not reduce IL-1 β , IL-6, hsCRP, or CV events compared with placebo among patients with established CAD and diabetes and/or metabolic syndrome
- Patients receiving methotrexate had a higher incidence of side effects such as transaminitis, leucopenia, anemia, and infections

Ridker PM, et al. N Engl J Med 2018;Nov 10:[Epub]