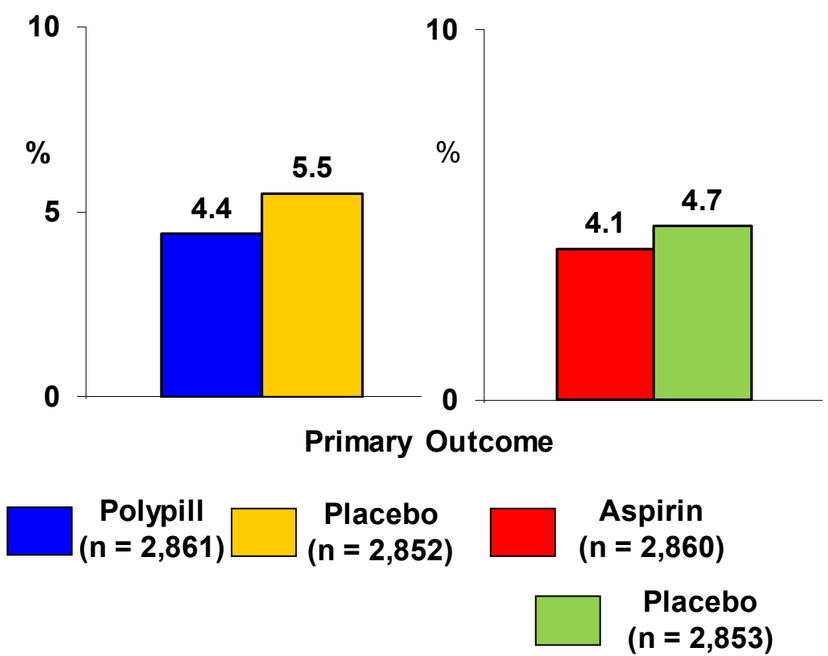
TIPS-3

#AHA20

AMERICAN COLLEGE of CARDIOLOGY

Trial Description: Patients were randomized in a 1:1 fashion to either a once-daily polypill or matching placebo. In a 2x2 fashion, they were also randomized to aspirin 75 mg vs. placebo. Patients were followed for 4.6 years.



RESULTS

- Polypill vs. placebo primary outcome (CV death, MI, stroke, HF, cardiac arrest, revascularization): 4.4% vs. 5.5% (HR 0.79, 95% CI 0.63-1.0)
  - CV death: 2.9% vs. 3.5%; MI: 0.6% vs. 0.9%
  - Mean difference in SBP: 5.8 mm Hg (5.1-6.4 mm Hg)
- Aspirin vs. placebo primary outcome: 4.1% vs. 4.7% (HR 0.86, 95% CI 0.67-1.10)
  - CV death: 3.0% vs. 3.5%; MI: 0.8% vs. 0.7%; stroke: 0.8% vs. 1.4% ($p < 0.05$)
  - ISTH major bleeding: 0.7% vs. 0.7%

CONCLUSIONS

- Once-daily polypill was superior to placebo in reducing SBP, LDL-C, and nonfatal CV events at approximately 5 years among intermediate CV risk patients
- Adding low-dose aspirin to the polypill showed a greater reduction in nonfatal CV events compared with double placebo; the combination resulted in a higher risk of side effects including hypotension and dizziness

Yusuf S, et al. N Engl J Med 2020;Nov 13 [Epub].

Developed in collaboration with ACC's Fellows-in-Training, Medical Student Leadership Group, and the *ACC.org* Editorial Board