AMERICAN COLLEGE of CARDIOLOGY®

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SECURE

Polypill Strategy in Secondary CV Prevention

Prospective, Phase 3, Multicenter, Randomized Controlled Trial

OBJECTIVE: To assess the efficacy of a polypill containing aspirin, ramipril, and atorvastatin, as compared to usual care, in secondary prevention of CV disease in older patients with recent myocardial infarction (MI).

2,466 PATIENTS

INCLUSION CRITERIA: Patients 75 and older (or 65 with risk factors) with history of type 1 MI within 6 months.

POLYPILL GROUP (INTERVENTION) (N=1,237)

VS.

USUAL-CARE GROUP (CONTROL) (N=1,229)

PRIMARY ENDPOINT

Composite of CV death, nonfatal type 1 MI, nonfatal ischemic stroke, or urgent revascularization: 9.5% in polypill arm vs. 12.7% in usual-care group, p<001 for noninferiority and p=0.02 for superiority.

SECONDARY ENDPOINT

Composite of CV death, nonfatal type 1 MI, nonfatal ischemic stroke: 8.2% in polypill arm vs. 11.7% in usual-care group, p=0.005

CONCLUSION

Treatment strategy with a polypill containing aspirin, ramipril, and atorvastatin in older patients with recent MI resulted in lower risk of MACE events than usual-care strategy.

Castellano JM, Pocock SJ, Bhatt DL, et al. Polypill Strategy in Secondary Cardiovascular Prevention. *N Engl J Med* 2022; Aug. 26: [Epub Ahead of Print].

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