Safety and Efficacy of a New Thrombolytic regimen (ASSENT)-2 trial showed that the only subgroup in which tenecteplase seemed to be better than alteplase was in women >75 years old. Additionally, the ASSENT-3 Plus trial revealed that the rate of intracerebral bleeding in patients >75 years old treated with tenecteplase plus enoxaparin is unacceptably high (6.7%), whereas the combination with unfractionated heparin does not increase cerebral bleeding. Although none of these data are direct evidence, we speculate that tenecteplase plus unfractionated heparin is the best pharmacological reperfusion therapy for the oldest patients with AMI.

References

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Heart failure, atrial fibrillation, and beta-blockers

With interest we read the letter by Swedberg et al.1 in which they investigated the effects of beta-blockers in patients with chronic heart failure who also had atrial fibrillation, in the Carvedilol or Metoprolol European Trial (COMET). The authors compared treatment with carvedilol 25 mg twice daily with metoprolol tartrate 50 mg twice daily in 600 patients with atrial fibrillation and found that treatment with carvedilol led to a 16% lower all-cause mortality than that with metoprolol during a mean follow-up of almost 5 years. This difference between the two drug arms is similar to the effect in the main study in 3029 patients, in whom the majority had sinus rhythm.2 However, the main COMET study has raised some comments, as it has been suggested that the dose of the two drugs was not comparable.3 Indeed, there was a small difference in the reduction of heart rate on the two beta-blockers, but it is unclear ‘...how much emphasis must be placed on this...’ with regard to its effect on mortality.4

Given this discussion, we believe that the authors of the present article should also provide data on the reduction of heart rate on carvedilol and metoprolol in patients with atrial fibrillation. As beta-blockers are nowadays often used in patients with atrial fibrillation and heart failure, this data would provide important additional information.

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doi:10.1093/eurheartj/ehi675
Online publish-ahead-of-print 30 November 2005

Adherence to guidelines is a predictor of outcome in chronic heart failure: the Mahler survey

The Mahler survey demonstrated that adherence to heart failure treatment guidelines is directly associated with a reduction of cardiac events. The results will encourage physicians to adhere to guidelines. In