

С.Д.АСФЕНДИЯРОВ АТЫНДАҒЫ ҚАЗАҚ ҰЛТТЫҚ МЕДИЦИНА УНИВЕРСИТЕТІ

КАФЕДРА: ДЕНСАУЛЫҚ САҚТАУ САЯСАТЫ ЖӘНЕ БАСҚАРУ

ПРОЕКТ ТАҚЫРЫБЫ: *Инфаркт миокардын емдеуде қолданылатын фракционды емес фармакоинвазивті гепарин мен эноксапариннің эффективтілігі мен қауіпсіздігін салыстыру*



**ОРЫНДАҒАН: ИСАБАЙҚЫЗЫ Н
ТОБЫ: 616
ФАКУЛЬТЕТ: ЖАЛПЫ МЕДИЦИНА**

МӘСЕЛЕ

40 жастағы әйел 4 күн бұрын ауруханаға инфаркт миокардымен түсті. Дәрігердің тағайындауы бойынша гепарин қабылдап жатыр. Бірақ емделу уақыты ұзақ. Дәрігер науқастың тез жазылып кетуіне эноксапариннің әсері қаншалықты? - деген сұрақ туды.

РІСО БОЙЫНША

- **Р** - Инфаркт миокардымен ауруханаға түскен 40 жастағы әйел-науқас
- **І** - Гепарин қолдану арқылы миокардтың қанмен қамтамасыз етілуін жақсарту
- **С** - Эноксапарин қолдану арқылы емдеу уақытын қысқартып, миокардты тез қанмен камтамасыз ету
- **О** - Жағдайы жақсару, емдеу уақытының қысқаруы, тез жазылуы.

PUBMED САЙТЫНЫҢ БАСТАПҚЫ БЕТІ

The screenshot shows the PubMed website homepage in a browser window. The browser's address bar displays www.ncbi.nlm.nih.gov/pubmed. The page header includes the NCBI logo, navigation links for Resources and How To, and a sign-in option for NCBI. The main content area features a search bar with a dropdown menu set to 'PubMed' and a 'Search' button. Below the search bar, a message indicates that filters are activated: 'published in the last 5 years, Humans, Randomized Controlled Trial', with a 'Clear all' link. A large banner image of a book is shown on the left, and a dark box on the right contains the text: 'PubMed comprises more than 22 million citations for biomedical literature from MEDLINE, life science journals, and online books. Citations may include links to full-text content from PubMed Central and publisher web sites.' The page is organized into three columns of links: 'Using PubMed' (Quick Start Guide, Full Text Articles, PubMed FAQs, PubMed Tutorials, New and Noteworthy), 'PubMed Tools' (PubMed Mobile, Single Citation Matcher, Batch Citation Matcher, Clinical Queries, Topic-Specific Queries), and 'More Resources' (MeSH Database, Journals in NCBI Databases, Clinical Trials, E-Utilities, LinkOut). The footer shows the breadcrumb 'You are here: NCBI > Literature > PubMed' and a 'Write to the Help Desk' link. The Windows taskbar at the bottom shows the system clock as 21:58 on 19.11.2012.

NCBI Resources How To Sign in to NCBI

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PubMed comprises more than 22 million citations for biomedical literature from MEDLINE, life science journals, and online books. Citations may include links to full-text content from PubMed Central and publisher web sites.

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You are here: NCBI > Literature > PubMed Write to the Help Desk

Кілт сөздер:

Миокард инфаркты/ эноксапарин

Key Words:

Myocardial infarction/ enoxaparin



КІЛТ СӨЗ БОЙЫНША ІЗДЕУ

www.ncbi.nlm.nih.gov/pubmed

NCBI Resources How To Sign in to NCBI

PubMed.gov US National Library of Medicine National Institutes of Health

PubMed myocardial infarction/enoxaparin Search

RSS Save search Advanced Help

Show additional filters Display Settings: Summary, 20 per page, Sorted by Recently Added Send to: Filters: Manage Filters

Text availability
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Publication dates
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10 years
Custom range...

Species
Humans
Other Animals

Article types
Clinical Trial
Meta-Analysis
Practice Guideline
Randomized Controlled Trial
Review
Systematic Reviews
more ...

Languages
English
more

Results: 1 to 20 of 565

- [Comparison of the Prognosis of Spontaneous and P... Related-Myocardial Infarction.](#)
Leonardi S, Thomas L, Neely ML, Tricoci P, Lo...
Antman EM, Califf RM, Newby LK, Mahaffey KW...
J Am Coll Cardiol. 2012 Oct 20. doi:pii: S0735-1097(12)0450...
PMID: 23122801 [PubMed - as supplied by publisher]
[Related citations](#)
- [Bivalirudin Versus Heparin Plus a Glycoprotein IIb/IIIa Inhibitor in Patients With Non-ST-Segment Elevation Myocardial Infarction Undergoing Percutaneous Coronary Intervention After Clopidogrel Pretreatment: Pooled Analysis from the ACUMY and ISAR-REACT 4 Trials.](#)
Ndrepepa G, Neumann FJ, Dellborg EN, Mehran R, Mehilli J, Ferenc M, Schulz S, Schömig A, Kastrati A, Stone GW...
Circ Cardiovasc Inter. 2012 Oct 1;5(5):705-12. doi: 10.1161/CIRCINTERVENTIONS.112.972869. Epub 2012 Oct 9.
PMID: 23048652 [PubMed - in process]
[Related citations](#)
- [Cost-effectiveness of fondaparinux in patients with acute coronary syndrome without ST-segment elevation.](#)
Pepe C, Machado M, Olimpio A, Ramos R...
Arq Bras Cardiol. 2012 Jul;99(1):613-22. Epub 2012 Jun 26. English, Portuguese.
PMID: 22735867 [PubMed - in process] [Free Article](#)
[Related citations](#)

PMC Images search for myocardial infarction/enoxaparin

Titles with your search terms

Enoxaparin versus unfractionated heparin with fibrinolysis for ST-elevation | [N Engl J Med. 2006]

TIMI 11B. Enoxaparin versus unfractionated heparin for unstable angina or [Am Heart J. 1998]

Efficacy and safety of tenecteplase in combination with enoxaparin, abx [Lancet. 2001]

See more (10)...

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Отправка запроса...

view: Dabigatran increases MI and reduces mortality compared with warfarin

RU 22:06 19.11.2012

ІРІКТЕП АЛУ

КЕРЕКТІ МАҚАЛАНЫ ІРІКТЕП, ТАҢДАП АЛУ

The screenshot shows a web browser window with multiple tabs open. The active tab is the PubMed website. The search bar contains the text "myocardial infarction/ enoxaparin". The search results are displayed in a list format. A red arrow points to the search bar, and a red oval highlights the second search result, which is titled "Efficacy and safety of enoxaparin compared with unfractionated heparin in the pharmacoinvasive management of acute ST-segment elevation myocardial infarction: Insights from the TRANSFER-AMI trial".

Search results for "myocardial infarction/ enoxaparin":

1. [Anticoagulation after percutaneous coronary intervention: enoxaparin is time sensitive in STEMI patients treated with tenecteplase.](#)
Welsh RC, Westerhouse M, Buller CE, O'Neill B, Gordon P, Armstrong PW. *J Thromb Thrombolysis*. 2012 Jul;34(1):126-31. doi: 10.1007/s11239-012-0697-7. PMID: 22362559 [PubMed - indexed for MEDLINE] [Related citations](#)
2. [Efficacy and safety of enoxaparin compared with unfractionated heparin in the pharmacoinvasive management of acute ST-segment elevation myocardial infarction: Insights from the TRANSFER-AMI trial.](#)
Levi S, Cantor WJ, Casanova A, Tan MK, Yan AT, Džavík V, Fitchett D, Cohen EA, Borgundvaag B, Heffernan M, Ducas J, Goodman SG. *Am Heart J*. 2012 Feb;163(2):176-81.e2. PMID: 22305834 [PubMed - indexed for MEDLINE] [Related citations](#)
3. [Esomeprazole compared with famotidine in the prevention of upper gastrointestinal bleeding in patients with acute coronary syndrome or myocardial infarction.](#)
Ng FH, Tunggal P, Chu WM, Lam KF, Li A, Chan K, Lau YK, Kng C, Keung KK, Kwan A, Wong BC. *Am J Gastroenterol*. 2012 Mar;107(3):389-96. doi: 10.1038/ajg.2011.385. Epub 2011 Nov 22. PMID: 22108447 [PubMed - indexed for MEDLINE]

ТАПҚАН МАҚАЛАҒА КІРУ

принципы фс x Переводчик o x myocardial inf x Efficacy and se x Эффективнос x инфаркт мио x Острый инфа x ключ - Поиск x Результат пои x

www.ncbi.nlm.nih.gov/pubmed/22305834

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NCBI Resources How To Sign in to NCBI

PubMed US National Library of Medicine National Institutes of Health

Display Settings: Abstract Send to: ELSEVIER FULL-TEXT ARTICLE

Am Heart J. 2012 Feb;163(2):176-81.e2.

Efficacy and safety of enoxaparin compared with unfractionated heparin in the pharmacoinvasive management of acute ST-segment elevation myocardial infarction: Insights from the TRANSFER-AMI trial.

Lavi S, Cantor WJ, Casanova A, Tan MK, Yan AT, Džavík V, Fitchett D, Cohen EA, Borquindvaag B, Heffernan M, Ducas J, Goodman SG.

London Health Sciences Centre, Ontario, Canada.

Abstract

AIMS: An early invasive strategy after fibrinolysis for ST-elevation myocardial infarction (STEMI) improves outcomes, but the relative efficacy and safety of enoxaparin compared with unfractionated heparin (UFH) as part of this approach are unknown.

METHODS AND RESULTS: In the TRANSFER-AMI trial, patients with high-risk STEMI received fibrinolysis and were then randomized to either standard treatment or to immediate transfer for coronary angiography. In this substudy, the outcome of patients aged <75 years treated with enoxaparin is compared with that of patients who received UFH. Logistic regression and propensity score models were used to evaluate the efficacy and safety of these anticoagulants. Enoxaparin was administered to 498 patients, and UFH, to 448 patients, at the time of fibrinolysis. Approximately 50% in each group were randomized to the early invasive strategy. The primary composite end point of death, reinfarction, recurrent ischemia, new or worsening heart failure, or cardiogenic shock at 30 days occurred in 11.9% and 11.6% of the patients who received enoxaparin and UFH, respectively (adjusted odds ratio 0.95 [95% CI 0.60-1.51], P = .84). Enoxaparin use was associated with more access site bleeding (5.0% vs 2.9%, P = .04) and mild bleeding (12.1% vs 7.8%, P = .03).

CONCLUSIONS: Among high-risk patients with STEMI undergoing early or late transfer for cardiac catheterization after fibrinolysis, enoxaparin was associated with similar efficacy compared with UFH, but there was more minor bleeding with enoxaparin (ClinicalTrials.gov no. NCT00164190).

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PMID: 22305834 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms, Substances, Secondary Source ID

LinkOut - more resources

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Related citations in PubMed

The safety and efficacy of subcutaneous enoxaparin versus intrav [J Am Coll Cardiol. 2003]

Subcutaneous enoxaparin following thrombolysis and intravenous unfractionated heparin [Minerva Cardioangiol. 2006]

Percutaneous coronary intervention in patients receiving enoxaparin or intravenous unfractionated heparin [J Am Coll Cardiol. 2007]

Review Efficacy and safety of enoxaparin versus unfractionated heparin during percutaneous coronary intervention [BMJ. 2012]

Review Combination of low molecular weight heparins with antiplatelet agents in patients with acute coronary syndrome [Drugs. 2002]

See reviews... See all...

Related information

Related Citations

Substance (MeSH Keyword)



МАҚАЛАНЫҢ ТАҚЫРЫБЫ

- **Efficacy and safety of enoxaparin compared with unfractionated heparin in the pharmacoinvasive management of acute ST-segment elevation myocardial infarction**
- **Инфаркт миокардын емдеуде қолданылатын фракционды емес фармакоинвазивті гепарин мен эноксапариннің эффективтілігі мен қауіпсіздігін салыстыру**

- **ЗЕРТТЕУДІҢ ӨТКІЗІЛГЕН ЖЕРІ:** London Health Sciences Centre, Ontario, Canada.
- **АВТОРЛАРЫ:** Lavi S, Cantor WJ, Casanova A, Tan MK, Yan AT, Džavík V, Fitchett D, Cohen EA, Borgundvaag B, Heffernan M, Ducas J, Goodman SG.
- **ПУБЛИКАЦИЯ ЖЫЛЫ:** Am Heart J. 2012 Feb;163(2):176-81.e2.
- **ЗЕРТТЕУ ӘДІСІ:** TRANSFER-AMI, Рандомизацияланған бақылау сынақ(РБС),

- Зерттеуге рандомизация әдісімен 2 топ алынды: **БЕЛСЕНДІ** және **САЛЫСТЫРМАЛЫ**
- Белсенді топта – 448 науқас (гепарин, фибринолиз)
- Салыстырмалы топта – 498



□ **Әдісі:** *TRANSFER-AMI-де миокард инфарктіне қаупі бар науқастар фибринолиз қабылдап, ары қарай стандартты ем қабылдау үшін рандомизацияланды. Бұл зерттеуде 75 жастан төмен науқастардың 1 тобы-эноксапарин, 2 тобы-гепарин қабылдады. Осы зерттеу антикоагулянттардың әффективтілігінің жылдамдығын зерттеу болды 498 науқасқа – эноксапарин және 448 науқасқа гепарин мен фибринолиз енгізілді.*

□ **Method:** *In the TRANSFER-AMI trial, patients with high-risk STEMI received fibrinolysis and were then randomized to either standard treatment or to immediate transfer for coronary angiography. In this substudy, the outcome of patients aged <75 years treated with enoxaparin is compared with that of patients who received UFH. Logistic regression and propensity score models were used to evaluate the efficacy and safety of these anticoagulants. Enoxaparin was administered to 498 patients, and UFH, to 448 patients, at the time of fibrinolysis.*

□ **Нәтижесі:** 30 күннен кейін нәтижесін бағалауда жүректің тоқтауы және миокард инфарктының қайталануы эноксапарин пайдаланғандар 11,9% және гепарин пайдаланғандар 11,6% қысқарды. Екеуінің ара қатынасы 0,95 [95% CI 0.60-1.51], $P = .84$ жиілікті құрады. Эноксапарин пайдаланғанда миокардтың кей жерлерінің қанмен қамтамасыз етілуі біршама көбейді (5.0% vs 2.9%, $P = .04$) және капиллярдың ашылуы (12.1% vs 7.8%, $P = .03$)

□ **Result:** *Approximately 50% in each group were randomized to the early invasive strategy. The primary composite end point of death, reinfarction, recurrent ischemia, new or worsening heart failure, or cardiogenic shock at 30 days occurred in 11.9% and 11.6% of the patients who received enoxaparin and UFH, respectively (adjusted odds ratio 0.95 [95% CI 0.60-1.51], $P = .84$). Enoxaparin use was associated with more access site bleeding (5.0% vs 2.9%, $P = .04$) and mild bleeding (12.1% vs 7.8%, $P = .03$).*

□ **Қорытынды:** Миокард инфарктіне қауіпі бар науқастарда 30 күн фибринолиз, гепарин пайдаланғанда эноксапаринмен әсер ету механизмі бірдей болды, бірақ эноксапарин қолданған науқастардың жазылуы тез болды және миокардтың қанмен қамтамасыз етілуі гепаринге өарағанда жылдам болып, науқастың жағдайы тез жақсарды.





СПАСИБО ЗА
ВНИМАНИЕ =)

