

Drugs as good as invasive procedure for heart disease, but not enough docs prescribe them

By ACSH Staff — May 12, 2011

In 2007, a large 33.5-million-dollar trial, known as the COURAGE trial, found that percutaneous coronary intervention (PCI) offered fewer benefits over drug therapy for the treatment of stable heart disease. Yet despite these groundbreaking results, which led to guidelines recommending that medicines be used as a first line of treatment before invasive heart procedures, a new study published in the *Journal of the American Medical Association* [finds](#) ^[1] that fewer than half of Americans with stable heart disease are actually treated this way. In the study led by Dr. William B. Borden of Cornell University in New York, more than 467,000 patients with stable coronary artery disease — a condition that involves chest pain due to narrowed arteries in the heart — were evaluated.

The results indicated that only 44 percent of these patients received guideline-recommended drugs, including statins, aspirin and blood pressure medications, before undergoing a PCI. The study, which spanned from 2005 to 2009, demonstrates that the COURAGE trial results did not have much impact on practice patterns.

PCI is a procedure that involves guiding a thin plastic tube into the heart through an artery in order to look for fatty plaques (atheroma) that can be broken up using an inflated tube. Later, a stent is inserted in order to keep the artery open. The therapy, however, puts patients at risk for other side effects, exceeds the cost of drug therapy (by more than \$10,000) and, most importantly, does not work any better than drugs.

ACSH's Dr. Gilbert Ross is disheartened by the results of this new study and is disturbed to learn that the plan of treatment, as clearly outlined in the COURAGE trial, is widely ignored among physicians. "Even worse, the action to continue using PCI even when standard drug therapy has not been implemented is potentially harmful."

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