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M. Gabriel Khan

Cardiac Drug Therapy

8th Edition



Humana Press

CONTEMPORARY CARDIOLOGY

CHRISTOPHER P. CANNON, MD

SERIES EDITOR

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M. Gabriel Khan

Cardiac Drug Therapy

8th Edition

 Humana Press

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*To My wife Brigid
and to our
Children
Susan, Christine, Yasmin,
Jacqueline, Stephen,
and Natasha
And to our
Grandchildren
Sarah, Patrick, Emma,
Kathleen, Michael, Roxanna,
Fiona, Jaxson, James, Fraea,
Esmé, Jordan, and Joshua*

Preface

Several foreign translations and favorable reviews of earlier editions provided the impetus to produce an eighth edition of *Cardiac Drug Therapy*. Here is a review of the fifth edition in *Clinical Cardiology*: “this is an excellent book. It succeeds in being practical while presenting the major evidence in relation to its recommendations. Of value to absolutely anyone who prescribes for cardiac patients on the day-to-day basis. From the trainee to the experienced consultant, all will find it useful. The author stamps his authority very clearly throughout the text by very clear assertions of his own recommendations even when these recommendations are at odds with those of official bodies. In such situations the ‘official’ recommendations are also stated but clearly are not preferred.”

And for the fourth edition a cardiologist reviewer states that it is “by far the best handbook on cardiovascular therapeutics I have ever had the pleasure of reading. The information given in each chapter is up-to-date, accurate, clearly written, eminently readable and well referenced.”

The entire text has been revised and, most importantly, continues to give practical clinical advice. New chapters include:

- Endocrine Heart Diseases
- Management of Cardiomyopathies
- Newer Agents

A new feature involves diagnosis.

- Because appropriate therapy requires sound diagnosis the short sections on diagnosis given in previous editions have been expanded.

Other highlights include:

- Chapter 11: “Acute Myocardial Infarction” contains more than 24 relevant ECG tracings; an echocardiogram depicting Takotsubo syndrome is shown to remind readers that this syndrome mimics acute MI.
- Chapter 14: “Management of Cardiac Arrhythmias” provides more than 24 ECG samples.
- Chapter 22: “Hallmark Clinical Trials” has been expanded to accommodate the wealth of practical information derived from recent randomized clinical trials.

As in all previous editions, therapeutic strategies and advice are based on a thorough review of the scientific literature, applied logically:

- Scientific documentation regarding which drugs are superior.
- Information on which cardiovascular drugs to choose and which agents to avoid in various clinical situations.
- Information that assists with the rapid writing of prescriptions. To write a prescription accurately, a practitioner needs to know how a drug is supplied and its dosage. Thus, supply and dosage are given first, followed by action and pharmacokinetics, and then advice as to efficacy and comparison with other drugs, indications, adverse effects, and interactions.

The text contains practical advice, such as the following: *The life-saving potential of 160–240 mg chewable aspirin is denied to many individuals who succumb to an acute coronary syndrome because of poor dissemination of clinically proven, documented facts.* The text advises: three ~80 mg chewable aspirins should be placed in the cap of a nitroline-

gual spray container to be used before proceeding to an emergency room. *Clinicians should inform patients that rapidly acting chewable aspirin may prevent a heart attack or death but that nitroglycerin does not.* The world faces an epidemic of heart failure [HF].

Although medical therapy for acute HF has improved dramatically from 1990, unfortunately more than 50 % of patients require readmission within 6 months of discharge. Several of these patients are not administered appropriate medications to prevent a recurrence. The chapter on heart failure gives practical advice as do other chapters on what drugs are best for a given situation.

Notable physicians have stated that the beta-blockers should not be prescribed for primary hypertension because of their ineffectiveness. Many investigators have reported in peer-reviewed journals that diuretics and beta-blockers cause diabetes and their use should be restricted for the management of hypertension. Chapter 2 discusses these controversies and gives clear answers to clinicians worldwide.

The information provided in the eighth edition should serve as a refresher for cardiologists and internists. The information should improve the therapeutic skills of interns, medical residents, generalists, and all who care for patients with cardiac problems.

Ottawa, ON

M. Gabriel Khan

Acknowledgment

I have quoted the published works of several investigators. These persevering women and men of medicine deserve my respect and my thanks.

A special, thank you, to my wife Brigid, who has allowed me to be a student of the science of Medicine to this day.

Ottawa, ON

M. Gabriel Khan

Contents

1	Beta-Blockers: <i>The Cornerstone of Cardiac Drug Therapy</i>.....	1
	This chapter tells you	1
	Beta-Blockers and Cardioprotection	2
	Beta-Receptors	6
	Mechanism of Action	9
	Other Important Clinically Beneficial Mechanisms	10
	Beta-Blocker Effect on Calcium Availability.....	10
	Dosage Considerations	11
	Pharmacologic Properties and Clinical Implications	14
	Cardioselectivity.....	14
	Intrinsic Sympathomimetic Activity	18
	Membrane-Stabilizing Activity	19
	Effects on Renin	19
	Lipid Solubility.....	20
	Plasma Volume	20
	Hepatic Metabolism	21
	Effects on Blood and Arteries	21
	Effect on Serum Potassium.....	22
	Salutary Effects of Beta-Adrenergic Blockade	23

Beta-Blockers Versus Calcium Antagonists and Oral Nitrates.....	24
Indications for Beta-Blockers	26
Angina	26
Arrhythmias.....	26
Acute Myocardial Infarction.....	29
Elective Percutaneous Coronary Intervention (PCI)	29
Heart Failure	31
Prolonged QT Interval Syndromes	33
Dissecting Aneurysm.....	33
Mitral Valve Prolapse	34
Mitral Regurgitation and Mitral Stenosis...	34
Tetralogy of Fallot.....	34
Hypertrophic Cardiomyopathy	34
Marfan's Syndrome	35
Subarachnoid Hemorrhage.....	36
Perioperative Mortality.....	36
Neurocardiogenic Syncope (Vasovagal/ Vasodepressor Syncope)	38
Diabetic Patients.....	39
Chronic Obstructive Pulmonary Disease ...	39
Noncardiac Indications	41
Advice and Adverse Effects.....	41
Warnings.....	41
Side Effects.....	43
Individual Beta-Blockers.....	44
Dosage (Further Advice).....	47
Action.....	48
Indications.....	48
Dosage (Further Advice).....	49
Action.....	50
Indications.....	50
Dosage (Further Advice).....	52
Indications.....	56
Indications.....	57
Contraindications.....	58

Which Beta-Blocker Is Best for Your Patients?	58
References	61
2 Beta-Blocker Controversies	69
Beta-Blockers Are not a Good Initial Choice for Hypertension: True or False?	69
Beta-Blockers Are not Recommended for Treatment of Elderly Hypertensives: True or False?	73
Beta-Blockers Cause Genuine Diabetes Mellitus: True or False?	74
Do all Beta-Blockers Cause Benign Glucose Intolerance?	78
Beta-Blockers Should not Be Given to Patients During the Early Hours of Acute Mi: True or False?	79
References	80
3 Angiotensin-Converting Enzyme Inhibitors and Angiotensin II Receptor Blockers	85
Mechanism of Action	86
ACE Inhibitors Versus Other Vasodilators	93
Clinical Indications	94
Hypertension	94
Heart Failure	97
Acute Myocardial Infarction	100
Renoprotection	101
Coarctation of the Aorta	104
Pulmonary Hypertension	105
Scleroderma Renal Crisis	105
Bartter's Syndrome	105
ACE Inhibitors/ARBs and Diabetes	105
Contraindications	106
Advice, Adverse Effects, and Interactions	107
Hypotension	107
Renal Failure	107

Hyperkalemia	107
Cough	107
Loss of Taste Sensation	108
Angioedema	108
Rash	109
Proteinuria	109
Neutropenia and Agranulocytosis	109
Mild Dyspnea and/or Wheeze	109
Anaphylactoid Reactions.....	109
Uncommon Adverse Effects	110
Interactions	110
Individual ACE Inhibitors.....	110
Pharmacologic Profile and Individual	
Differences.....	110
Subtle Differences	110
Hypotension	111
Dosage (Further Advice).....	112
Pharmacokinetics	112
Dosage (Further Advice).....	113
Pharmacokinetics	114
Dosage (Further Advice).....	115
Pharmacokinetics	115
Dosage (Further Advice).....	116
Angiotensin II Receptor Blockers	119
Clinical Trials	120
References	124
4 ACE Inhibitor ARB Controversies.....	129
ACE Inhibitors Versus ARBs:	
Does the Choice Matter?	129
ACE Inhibitors/ARBs Cause	
Renoprotection: True or False?.....	132
ACE Inhibitors Decrease the Incidence	
of Diabetes: True or False?	134
Combination of ACE Inhibitor and ARB	
Proven Effective: True or False?.....	135
References	136

5 Calcium Antagonists (Calcium Channel Blockers)	139
Mechanism of Action	140
Action	143
Adverse Effects and Interactions for DHPs	144
Action	147
Adverse Effects and Interactions	147
Action	149
Advice, Adverse Effects, and Interactions	150
Dosage (Further Advice)	153
Indications for Calcium Antagonists	153
Hypertension	153
Stable Angina	154
References	158
6 Calcium Antagonist Controversies	161
Calcium Antagonists Cause an Increased Incidence of HF and MI: True or False?	161
Newer Calcium Antagonists Are Better Than Older Agents: True or False?	162
Are Calcium Antagonists Safe for Hypertensives with CAD?	163
INVEST	163
CONVINCE	164
References	166
7 Diuretics	167
Indications	170
Hypertension	170
Heart Failure	171
Thiazides	172
Loop Diuretics	174
Mechanism of Action	174
Dosage (Further Advice)	175
Action and Pharmacokinetics	175
Potassium-Sparing Diuretics	179

Advantages	182
Disadvantages.....	183
Combination of a Thiazide or Furosemide and Potassium-Sparing Diuretic	185
Other Diuretics	186
Potassium Chloride Supplements.....	187
Potassium Chloride.....	190
Salt Substitutes.....	190
Further Advice.....	192
Torsemide.....	192
Aldosterone Antagonists	192
References	195
8 Hypertension.....	199
Relevant Key Issues	199
Controversies	205
Definitions	206
Isolated Systolic Hypertension in Older Patients	206
Pseudohypertension.....	207
Home Measurements	208
Nondrug Therapy.....	208
Which Drugs to Choose.....	209
Recommendations for Patients Without Coexisting Disease	210
Therapy for Patients with Coexisting Diseases.....	220
Beta-Blockers.....	223
Dosage.....	223
Action of Beta-Blockers	224
Diuretics.....	227
Action.....	227
Use Proven in Elderly	229
Chlorthalidone	231
ACE Inhibitors and Angiotensin II Receptor Blockers.....	234

Adverse Effects and Interactions	236
Contraindications.....	237
Dosage (Further Advice).....	238
ACE Inhibitor-Diuretic Combination.....	239
Calcium Antagonists	240
Alpha1-Blockers	243
Centrally Acting Drugs.....	244
Resistant Hypertension	244
Catheter-Based Radiofrequency Renal Denervation.....	246
Hypertensive Crisis	247
Action and Metabolism.....	250
Advice, Adverse Effects, and Interactions	250
References	253
9 Hypertension Controversies.....	261
Beta-Blockers Should Not Remain First Choice in the Treatment of Primary Hypertension: True or False?	261
Conclusion	268
Diabetic Risk with Beta-Blockers and Diuretics	269
An Increased Risk: True or False?	269
Hypertensive Agents Increase Heart Failure Risk: True or False?	271
Age and Ethnicity Hold the Key for Drug Choice	272
References	278
10 Angina.....	283
Salient Clinical Features	283
Pathophysiologic Implications	284
Treatment of Stable Angina	285
Beta-Adrenoceptor Blocking Agents.....	286
Cardioprotection and Dosage of Beta-Blocker	290
Contraindications to Beta-Blockers	290

Combination of Beta-Blockers and Calcium Antagonists	292
Nitrates	292
Cutaneous Nitroglycerins	293
Cutaneous Nitrates	295
Indications.....	298
Aspirin.....	299
Ranolazine	301
Consider Interventional Therapy	303
Management of Unstable Angina	303
Investigations.....	303
Medications.....	304
Statins.....	306
Variant Angina (Prinzmetal's)	306
References	307
11 Myocardial Infarction	311
Overview.....	311
TRIGGERS for ACS	313
DIAGNOSIS.....	314
Electrocardiographic Features.....	317
Inferior MI Diagnosis.....	317
Anterior MI Diagnosis.....	317
ECG Mimics of Acute Myocardial Infarction.....	320
Therapy	330
Pain Relief	332
Percutaneous Coronary Intervention	334
Clopidogrel	335
Prasugrel	335
Ticagrelor (BRILINTA; Brilique in UK)	336
Thrombolytic Therapy.....	339
The incidence of ICH in RCTs was reported as follows	341
Contraindications.....	341

Streptokinase [Kabikinase, Streptase].....	342
Tenecteplase	343
Enoxaparin	343
Fondaparinux	344
Beta-Blockers.....	345
ACE Inhibitors	348
NITRATES	349
STATINS	350
Management of Complications of Infarction.....	350
Arrhythmias.....	350
Heart Failure	353
Right Ventricular Infarction	354
Cardiogenic Shock	354
Management.....	355
Early Reperfusion.....	356
Management of Non-ST-Elevation Myocardial Infarction	357
Conservative Generally Preferred [angiogram 24–36 h]	360
Medications on Discharge	360
References	361
12 Heart Failure	369
The Size of the Problem	369
Causes of Heart Failure	372
Basic Cause.....	372
Diagnosis	376
Pathophysiology.....	379
Management Guide	381
Vasodilators	382
ACE Inhibitors/Angiotensin II Receptor Blockers	382
Angiotensin-Receptor Blockers.....	387
Transcend (2008).....	388

Hydralazine	389
Calcium Antagonists	389
Amlodipine	389
Diuretics.....	389
Indications and Guidelines	389
Aldosterone Antagonists	390
Beta-Blockers.....	393
Inotropic Agents	399
Digoxin Studies	399
Dosage Considerations	405
Symptoms of Toxicity	409
Beta-Stimulants	412
New Developments	413
Spironolactone	413
Istaroxime	413
Omecamtiv mecarbil	414
SERCA2a.....	413
Serelaxin.....	414
Rosuvastatin	415
LCZ696	415
Management of Pulmonary Edema	415
References	417
13 Heart Failure Controversies.....	423
Are ARBs as Effective as ACE Inhibitor Therapy for Heart Failure?	423
Management of Heart Failure Preserved Ejection Fraction	424
Treatment.....	426
Digoxin Is Not Useful for HFPEF: True or False?.....	427
Is CHARM-Preserved a Clear Study of HFPEF?.....	427
Does an ACE Inhibitor Combined with an ARB Improve Outcomes?.....	428
Heart Failure in Blacks: Do Differences Exist?.....	429

Are Statins Recommended for Patients with Heart Failure?	429
References	430
14 Arrhythmias	433
Classification	434
Diagnosis of Arrhythmias.....	435
Arrhythmias with Narrow QRS Complex	437
Arrhythmias with Wide QRS Complex	437
Management of Supraventricular Arrhythmias	454
AV Nodal Reentrant Tachycardia	454
Multifocal Atrial Tachycardia (Chaotic Atrial Tachycardia)	459
Paroxysmal Atrial Tachycardia with Block	459
Atrial Premature Contractions	460
Atrial Flutter	460
Atrial Fibrillation.....	462
Chronic Atrial Fibrillation.....	465
Atrial Fibrillation Post Surgery.....	466
Synchronized DC Cardioversion	466
Rate Control Versus Rhythm Control	467
Anticoagulants for AF	469
Newer Anticoagulants.....	470
Genetically Mediated Arrhythmic Disorders	472
Wolff–Parkinson–White Syndrome	472
Ventricular Arrhythmias.....	477
Premature Ventricular Contractions: Benign Arrhythmias	477
Ventricular Tachycardia	478
Fatal Ventricular Arrhythmias.....	478
Antiarrhythmic Agents	481

Class IA.....	481
Advice, Adverse Effects, and Interactions	483
Class IB	486
Class IC	488
Class II.....	490
Class III.....	492
Adverse Effects.....	494
References	496
15 Cardiac Arrest.....	503
“Time Is of the Essence”	503
Two Cardiac Rhythms.....	505
Basic Life Support.....	507
Defibrillation	510
Drug Therapy	512
Asystole and Pulseless Idioventricular Rhythms	514
Isoproterenol Is Contraindicated in the Treatment of Cardiac Arrest	514
Beta-Blockers.....	514
References	514
16 Infective Endocarditis.....	517
Classification and Diagnosis	518
Diagnostic Guidelines	518
Therapy	522
<i>S. aureus</i> Endocarditis	523
Prosthetic Valve Endocarditis	525
Native Valve Endocarditis Caused by Staphylococci.....	525
Native Valve Endocarditis	525
Prosthetic Valve Endocarditis Caused by Susceptible <i>S. viridans</i> or <i>S. bovis</i> Infections.....	526
Other Bacteria Causing IE	528
Right-Sided Endocarditis.....	528
Fungal Endocarditis.....	530

Heart Failure Complicating Endocarditis.....	532
Prophylaxis of Bacterial Endocarditis	533
Older Regimen Acceptable to Many	535
References	538
17 Dyslipidemias.....	541
Diagnosis	541
Fasting or Non-fasting LDL-C?	541
Conversion Formula for mg to mmol.....	543
Secondary Causes of Dyslipidemias.....	543
Dietary Therapy.....	545
Drug Therapy	547
Statins.....	549
Statins Possess Subtle Differences.....	550
Advice and Adverse Effects	550
Nicotinic Acid	561
Adverse Effects and Interactions	562
Fibrates	563
HDL Lowering	565
Evacetrapib.....	565
References	566
18 Endocrine Heart Diseases.....	571
Acromegaly	571
Management	571
Carcinoid Syndrome.....	572
Cushing's Syndrome.....	573
Diabetes and the Heart	573
Which Cardiovascular Drugs Are Best	
ACE Inhibitors/ARBs?	574
Beta-Blockers Underused in Diabetics.....	574
Aspirin.....	575
Dyslipidemia in Diabetics.....	575
Blood Pressure Control.....	576
Oral Diabetic Agents	577
Metformin	577
Sulfonylurea.....	578

Thiazolidinediones	579
Acarbose (Glucobay)	579
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors (Gliptins).....	580
Hyperaldosteronism	581
Pheochromocytoma.....	581
Hyperthyroidism.....	586
Cardiac Disturbances	586
Hypothyroidism	588
Cardiac Involvement	588
References	588
19 Antiplatelet Agents, Anticoagulants, Factor Xa Inhibitors, and Thrombin Inhibitors	593
Antiplatelet Agents	593
Historical Review.....	597
Actions	599
Aspirin Resistance	601
Indications.....	602
Platelet Glycoprotein IIb/IIIa Receptor Blockers	608
Anticoagulants	610
Low-Molecular-Weight Heparin	612
Specific Thrombin Inhibitors.....	613
Factor Xa Inhibitors	615
References	618
20 Cardiac Drugs During Pregnancy and Lactation	623
Antihypertensive Agents in Pregnancy	623
Methyldopa.....	625
Calcium Antagonists.....	631
ACE Inhibitors.....	632
Magnesium Sulfate	632
Aspirin.....	633
Drug Therapy for Heart Failure	634
Diuretics	636

Antiarrhythmics in Pregnancy	636
Adenosine	636
Beta-Adrenergic Blockers	637
Disopyramide	637
Lidocaine.....	637
Cardiac Drugs During Lactation	638
References	642
21 Drug Interactions	645
Interactions of Cardiovascular Drugs.....	646
ACE Inhibitors/ARBs.....	646
Antiarrhythmic Agents	649
Adenosine	649
Amiodarone.....	649
Disopyramide	651
Flecainide	651
Lidocaine or Lignocaine	651
Mexiletine	652
Phenytoin	652
Propafenone	652
Procainamide	652
Quinidine	653
Antiplatelet Agents/Anticoagulants	653
Beta-Blockers.....	654
Calcium Antagonists	655
Digoxin.....	658
Diuretics.....	658
Nitrates.....	659
Lipid-Lowering Agents.....	660
Statins	660
Interactions of Cardiac and Noncardiac Drugs.....	660
Antibiotics.....	660
Antimalarials	663
Anticonvulsants.....	663
Cyclosporine	663
Lithium	664

Nonsteroidal Anti-inflammatory Drugs.....	664
Psychotropic Agents	664
Theophylline	665
Thyroxine	665
Cardiac Effects of Noncardiac Drugs	667
Antibiotics.....	667
Antimalarials	667
Histamine H ₁ Antagonists.....	667
Antidepressants.....	669
Cancer Chemotherapeutic Agents.....	670
Other Agents	670
References	673
22 Hallmark Clinical Trials.....	675
Acute Coronary Syndrome RCTs.....	676
ATLAS ACS 2–TIMI 51: Rivaroxaban for ACS.....	676
Bivalirudin for ACS.....	677
LMWH and Major Bleeding Advice.....	681
IV Metoprolol Studies	689
COMMIT/CCS-2: Second Chinese Cardiac Study (CCS-2) (31)	690
The METOCARD-CNIC	691
Aspirin for Cardiovascular Disease Prevention	692
Aspirin Pseudoresistance	692
Angina RCTs	692
PCI Versus Optimal Medical Therapy	692
Carvedilol in Postinfarct Patients	694
Atrial Fibrillation RCTs	694
Lenient Rate Control	694
Rate Versus Rhythm Control in Atrial Fibrillation.....	695
Newer Anticoagulants for Reduction in Stroke	696
RE-LY 2010: Dabigatran Versus Warfarin in Patients with Atrial Fibrillation.....	696

Colchicine for Cardiovascular Disease	698
Colchicine for Stable Coronary	
Artery Disease	698
Colchicine for pericarditis.....	699
Colchicine for Post-op Atrial	
Fibrillation	699
Heart Failure RCTs.....	701
COPERNICUS 2001: Carvedilol	
in Severe Chronic HF	701
Heart Failure Trials.....	702
MERIT-HF 2000: Metoprolol CR/XL	
in Chronic Heart Failure	702
The Seniors Study: Nebivolol	
for Heart Failure	702
Aldosterone Antagonist Trials	703
ACE Inhibitors and ARB RCTs	704
PROFESS 2008: Telmisartan	
to Prevent Recurrent Stroke	707
Hypertension Trials	709
ALLHAT 2002	709
Nebivolol Combined with	
Valsartan Study	710
Dyslipidemia RCTs	712
Early and Late Benefits of High-Dose	
Atorvastatin	712
Arrhythmia RCTs.....	718
AFFIRM (2002): Rate Versus Rhythm	
Control in Atrial Fibrillation	718
Beta-Blockers And Diabetes	718
GEMINI (2004): Beta-Blockers	
for Hypertensive Diabetics.....	718
Clonidogrel.....	719
PCI-Clarity: Clopidogrel Before PCI.....	719
Folic Acid/B6, B12.....	720
HOPE-2: Homocysteine Lowering.....	720
References	721