Under-utilisation of β-blockers in patients with acute coronary syndrome and comorbid chronic obstructive pulmonary disease

β-blockers are an established mainstay of therapy in acute coronary syndrome (ACS). Despite substantial evidence of their safety and efficacy in chronic obstructive pulmonary disease (COPD) patients, their use in this population remains limited internationally, likely due to fears of inducing bronchospasm.

This report from Perth in Western Australia reviews the situation from their perspective. The researchers conducted a retrospective analysis of data concerning 245 patients admitted to their hospital with a diagnosis of ACS. They found that patients with ACS and COPD received fewer β-blockers at discharge than those with ACS alone (66.7% vs 86.2%, P<0.05).

They conclude that despite strong evidence supporting the use of β-blockers in COPD patients with ACS, Australian patients with COPD remain under-treated for ACS. More work is needed to alter prescribing attitudes.

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Clopidogrel and aspirin in acute ischaemic stroke and high-risk TIA

The risk of ischaemic stroke ranges from 3 to 15% in the 90 days after a minor ischaemic stroke or a transient ischaemic attack (TIA). In several trials, aspirin has been shown to reduce the risk of recurrent stroke by approximately 20%.

In this randomised study appropriate patients received either clopidogrel and aspirin or aspirin and a placebo. Four thousand eight hundred and eighty-one patients were enrolled at 269 international sites. Major ischaemic events occurred in 5% of the clopidogrel and aspirin cohort and in 6.5% of the other cohort. Major haemorrhage occurred in 0.9% of the clopidogrel and aspirin group and in 0.4% of the other group.

The researchers concluded that in patients with minor ischaemic stroke or high-risk TIA, those who received a combination of clopidogrel and aspirin had a lower risk of major ischaemic events but a higher risk of major haemorrhage at 90 days than those who received aspirin alone. An editorial commentator noted that most of the benefit regarding stroke prevention occurred in the first week of treatment with the combination whereas most of the bleeding occurred later. He speculates that the dual therapy should be confined to the first three weeks after the TIA and then transitioned to monotherapy.


Robot-assisted radical cystectomy versus open radical cystectomy in patients with bladder cancer

Radical cystectomy is the surgical standard for invasive bladder cancer. Robot-assisted cystectomy has been proposed to provide similar oncological outcomes with lower morbidity.

In this report the researchers aimed to compare progression-free survival in patients with bladder cancer treated with open cystectomy and robot-assisted cystectomy. Three hundred and two patients from 15 centres in the US were randomised to receive robotic-assisted radical cystectomy or open radical cystectomy. Two-year progression survival was 72.3% in the robotic group and 71.6% in the open cystectomy group. Adverse effects were seen in 67% and 69% respectively in the two groups.

In patients with bladder cancer, robotic cystectomy was non-inferior to open cystectomy for two-year progression-free survival. Increased adoption of robotic surgery in clinical practice should lead to future randomised trials to assess the true value of this surgical approach in patients with other cancer types.

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