

中文題目：應用 DAPT score 來探討單線抗血小板藥物(P2Y12 受體抑制劑)對急性冠心症病人臨床事件之影響

英文題目：Impact of the dual antiplatelet therapy score on clinical outcomes in acute coronary syndrome patients with P2Y12 inhibitor monotherapy

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**Background:** The dual-antiplatelet therapy (DAPT) score is used to stratify ischemic and bleeding risk for antiplatelet therapy after percutaneous coronary intervention (PCI). This study assessed the influence of DAPT score on clinical outcomes in acute coronary syndrome (ACS) patients treated with P2Y12 inhibitor monotherapy.

**Method:** From January 1, 2014 to December 31, 2018, 498 ACS patients with early aspirin discontinuation for various reasons and received P2Y12 inhibitor monotherapy after PCI were enrolled. The efficacy and safety between those with low (< 2) and high DAPT score ( $\geq 2$ ) were compared in a 12-month follow-up after PCI. Inverse probability of treatment weighting was used to balance the covariates between groups. The primary endpoint was a composite outcome of all-cause mortality, recurrent ACS or unplanned revascularization, and stroke within 12 months. The safety endpoint was major bleeding, defined as BARC 3 or 5 bleeding.

**Results:** The primary composite endpoint occurred in 11.56% and 14.38% in the low and high DAPT groups, respectively. Although there was no difference in the primary composite endpoint between the two groups in the multivariate Cox proportional hazards models, the risk of recurrent ACS or unplanned revascularization was significantly higher in the group of high DAPT score (adjusted hazard ratio 1.900, 95% confidence interval 1.095–3.295). The safety outcome of BARC 3 or 5 bleeding was similar between the two groups.

**Conclusions:** Our results indicated that ACS patients receiving P2Y12 monotherapy with high DAPT score had an increased risk of recurrent ACS or unplanned revascularization.