



## NEW SERIES

# Update on Acute Coronary Syndromes

## DRUG THERAPY, MEDICAL MANAGEMENT, AND INTERVENTIONAL STRATEGIES

**O**UR UNDERSTANDING of acute coronary syndromes has been transformed in recent years, leading to more aggressive treatments that are improving outcomes. In the 1970s and 1980s, these syndromes were thought to be a result of stenosis and vasospasm. New data show us that rupture of vulnerable plaque and the ensuing thrombosis are the chief culprits. This knowledge has led to today's aggressive therapies for managing thrombosis.

Whereas before we had only heparin, warfarin, and aspirin to choose from to treat acute coronary syndromes, we now have a host of antithrombotic agents: glycoprotein IIb/IIIa antagonists, other antiplatelet drugs, plasminogen activators, fibrinolytic enzymes, low-molecular-weight heparins, and recently, recombinant hirudin for patients with heparin-induced thrombocytopenia. The new treatments are exciting but more expensive than older treatments, and are occasionally associated with severe bleeding and other complications previously rare or even unheard of. Head-to-head comparisons of similar drugs within a class are not likely to happen, given the enormous expense of large, randomized clinical trials. Rather, physicians caring for patients with acute coronary syndromes must reason their way to the proper management strategy on the basis of currently available data.

This series guides clinicians through the bewildering array of treatments, with articles based both on our experience here at the Cleveland Clinic and on the results of recently published clinical trials.

As always, treatment must be based on a sound understanding of pathophysiology. The series begins on page 561 with a review of the pathogenesis and spectrum of acute coronary syndromes. Subsequent topics will include:

### Use of new drugs

- Unfractionated and low-molecular-weight heparin
- Aspirin, ticlopidine, and clopidogrel
- Platelet glycoprotein IIb/IIIa receptor antagonists

### Management of patients

- Medical stabilization
- Interventional strategies

We hope you find the series useful.

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**Today's  
aggressive  
therapies have  
improved  
outcomes**