

DRUG-ELUTING STENT SOLUTIONS



Communicating the Benefits of Drug-Eluting Stents to Patients

This monthly column in Cath Lab Digest reviews important points of distinction in drug-eluting stents, from characteristics to techniques, to provide valuable and relevant information about this technology.

This article, the second of a three-part series on patient education, focuses on patient communication. Part one, in last month's issue, discussed the positive impact drug-eluting stents have had on patient outcomes.

By Kirk Garratt, MD, MSc

Dr. Garratt joined Lenox Hill Heart and Vascular Institute in New York, NY, as the Director of Clinical Research in 2005. He completed a Master's degree program in molecular biology and biochemistry at the University of California, Irvine, and received an MD from that institution's medical school in 1979. After training in interventional cardiology at the Mayo Clinic in Rochester, Minn., he was invited to join the faculty. Working in the animal laboratory as well as the clinical catheterization lab, he helped develop key devices in interventional cardiology, including coronary stents, lasers and atherectomy catheters.

Dr. Garratt served as director of the Interventional Cardiovascular Unit for eight years before becoming chair of the Department of Cardiology at Franciscan-Skemp Healthcare, a Mayo Clinic-affiliate hospital, for three years. During this time he oversaw a pioneering telemedicine system for the delivery of angioplasty services to rural hospitals with cath labs but no cardiac surgery.

Q What do you first tell a patient who will require treatment for coronary artery disease (CAD)?

A I like to begin with a discussion of the benefits and risks of each treatment option so that we can together decide if a catheter-based therapy is ideal for the individual. Once the patient and I have determined that catheterization is the best option, I outline the available treatments, including the various types of stents. Invariably, this leads to a discussion of bare-metal stents versus drug-eluting stents, and at this time I make clear the benefits and risks associated with each of these products.

Q How do patients respond to the news that they require treatment for CAD?

A Typically patients are aware that they are at risk of CAD, and they understand that is why they require a visit to the cath lab. Nevertheless, receiving news that you have a serious disease is always distressing. Patients are usually encouraged when they hear there are catheter-based options for the treatment of their disease, knowing that they have options beyond bypass surgery or medical therapy alone.

Q What obstacles do you face in educating patients about the benefits of drug-eluting stents?

A Occasionally patients will have read about late-stent thrombosis in *The Wall Street Journal* or *The New York Times* and have decided that a drug-eluting stent is not in their best interest. In this case, I do not argue with the patient. Instead, I restate my interpretation of the information in terms they can understand, and I explain why I think one choice would be better than another.

Continued on next page

continued from previous page

Choosing a bare-metal stent over a drug-eluting stent increases the risk of having to come back to the cath lab for treatment of restenosis and, if that does happen, the only effective treatments will be bypass surgery, intra-coronary brachytherapy or a drug-eluting stent. As long as a patient understands this downside, I accommodate his or her wishes.

I still believe that drug-eluting stents are the best option for most of the patients we treat. The global experience with drug-eluting stents has been marvelous. Although late-stent thrombosis is a serious matter to which we must pay attention, it occurs too infrequently to justify forgoing this treatment.

Q What resources should patients refer to as they educate themselves on drug-eluting stents?

A There are thousands of websites that can provide a patient with information on drug-eluting stents, but for those who are actually facing the prospect of undergoing a procedure, there's simply no substitute for face-to-face time with their physician. Most often, patients will come in uncertain about their treatment because they haven't been able to apply what they've read in the lay press to their individual medical problem. This is a very important and valuable role of the individual's physician.

Q Patients have more access to medical-related information than ever before. Does this make your job easier or more difficult?

A It's a little of both. Patients who come in with some information can be a hindrance, particularly if they haven't got the story quite right and they have made a decision based on their misperceptions. Under these circumstances, it is incumbent upon the physician to ensure that patients understand the facts so they can make the right decision. On the other hand, many times patients come in quite well-informed, with a clear understanding of the important points, and this facilitates the dialogue about treatment options.

Q Both you and your patient have decided a drug-eluting stent is the best treatment option. What additional information must your patient know to maximize their outcome?

A It is imperative to explain to the patient that he or she must take uninterrupted dual anti-platelet therapy for a minimum of one year as recommended by the FDA panel, since this offers the best protection against late-stent thrombosis. Although current AHA guidelines and thought-leader groups recommend a one-year regimen of aspirin and Plavix®, I communicate to patients that future data may suggest additional protection from taking aspirin and Plavix for an even longer period.

Q How can the cath lab staff assist in communicating risks and benefits of drug-eluting stents to patients?

A In our cath lab, we rely heavily on our nurses, technologists and physician assistants to facilitate communication. To that end, it's important that all cath lab staff have a clear understanding of the issues surrounding drug-eluting stents and appreciate that health care providers may have varying opinions about which treatment is best. Members of our allied health team do a superb job of providing patients with their perspectives and experiences with drug-eluting stents. The very large majority of patients who receive drug-eluting stents enjoy excellent outcomes, with freedom from stent thrombosis and freedom from additional trips to the cath lab. Hearing this message is helpful to a patient facing this important decision.

The safety and effectiveness of the TAXUS® Express® Stent have not been established in patients with in-stent restenosis at the lesion site.

Plavix is a trademark of Sanofi-Aventis.

Sponsored by Boston Scientific Corporation