

## Heparins reduce the number of heart attacks after acute coronary syndromes

<b>Clinical question</b>	How effective are heparins in the treatment of patients with acute coronary syndromes (ACS)?
<b>Bottom line</b>	Compared to placebo, heparins reduce the number of heart attacks (NNT* 33) but cause more minor bleeding (NNH* 17) after ACS. The risks of mortality, revascularisation, recurrent angina, major bleeding and thrombocytopenia were similar in both groups.  *NNT = number needed to treat to benefit one individual. *NNH = number needed to treat to cause harm in one individual.
<b>Caveat</b>	Parenteral unfractionated heparin (UFH) or low molecular weight heparin (LMWH) was given in addition to standard therapy with aspirin.
<b>Context</b>	Acute coronary syndromes include unstable angina and non-ST segment myocardial infarction. The use of UFH and LMWH heparin were evaluated in these trials, and were given within 24 to 72 hours of the onset of symptoms for a 2 to 8 day period.
<b>Cochrane Systematic Review</b>	Magee KD et al. Heparin versus placebo for acute coronary syndromes. Cochrane Reviews 2008, Issue 1. Art. No.: CD003462. DOI:10.1002/14651858.CD003462.pub2. This review contains 8 studies involving 3,118 participants.
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