Will 1-Month DAPT be the New Standard for ACS?

A Meta-Analysis of RCTs Evaluating Ultra-Short Term DAPT followed by P2Y12 Monotherapy

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BACKGROUND

Ultra-short term (≤1 month) dual antiplatelet therapy (DAPT) is an emerging strategy to reduce bleeding in ACS, but whether ischemic protection is maintained compared with long term (12-month) DAPT remains unclear. We conducted a systematic review and meta-analysis of randomized controlled trials (RCTs) to evaluate efficacy outcomes.

METHODS

We searched PubMed, Cochrane and Embase from inception to November 2025 for RCTs comparing ultra-short term DAPT with long term DAPT in ACS patients underwent for PCI. Five RCTs were included. Major adverse cardiovascular outcomes were defined as a composite of death from any cause, stroke, and myocardial infarction. Pooled risk ratios (RR) with 95% confidence intervals (CI) were estimated using random-effects models, and heterogeneity was assessed using the I^2 statistic.

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Figure 1. Ischemia driven target vessel revascularization

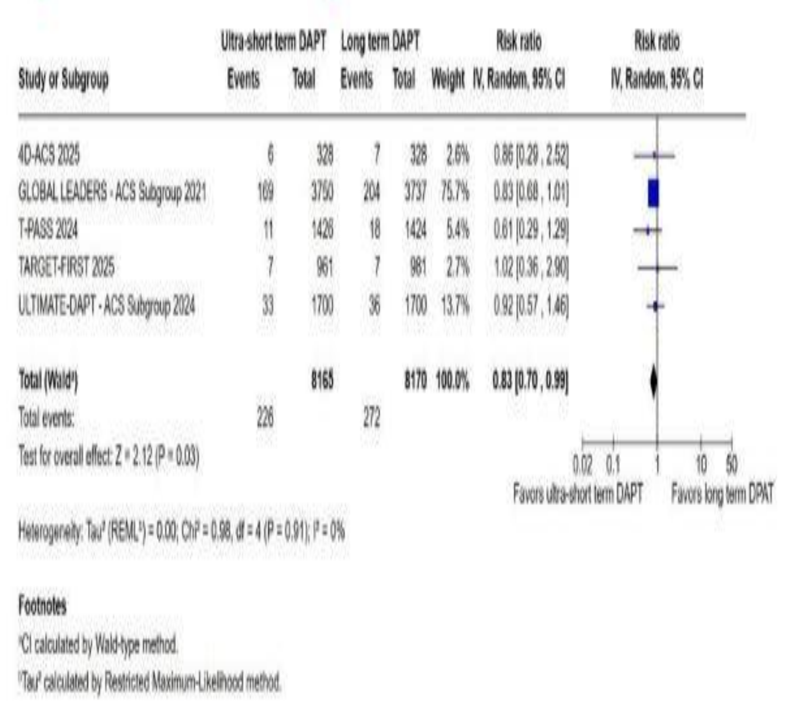


Figure 2. Major adverse cardiovascular events

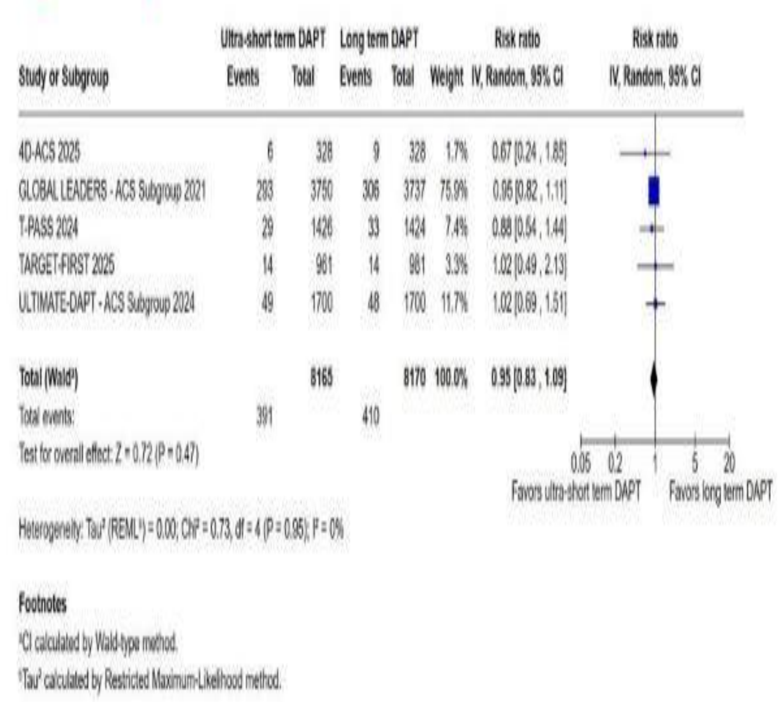


Figure 3. All-cause mortality

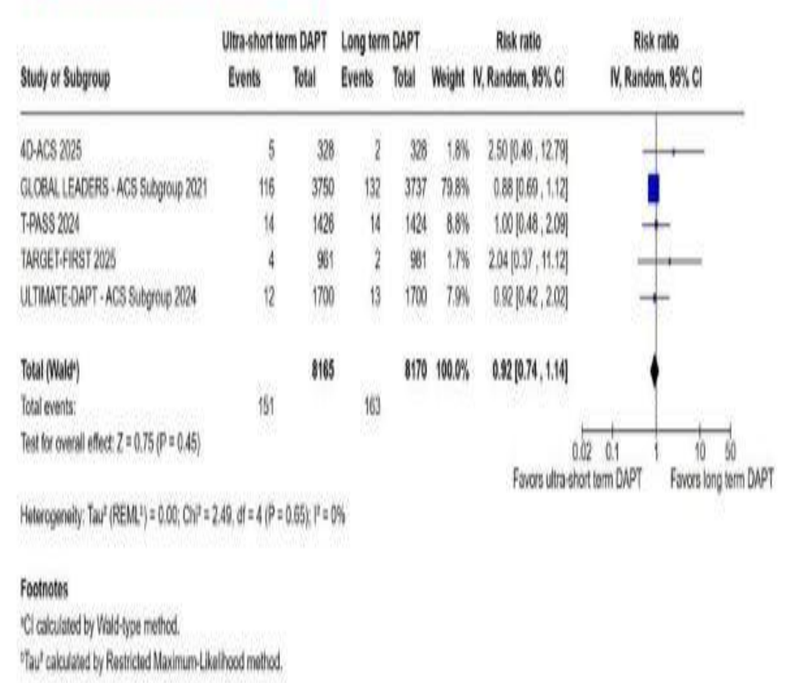


Figure 4. Cardiovascular mortality

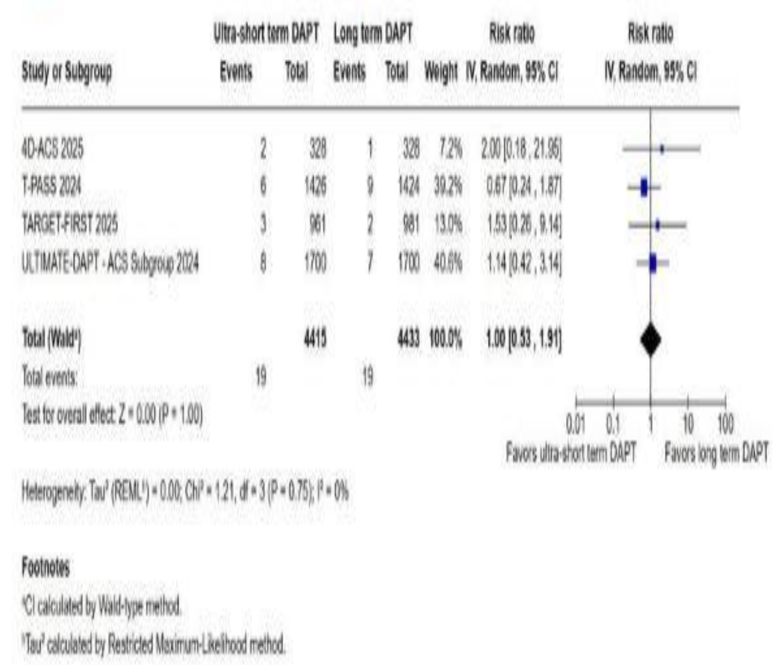


Figure 5. Stroke

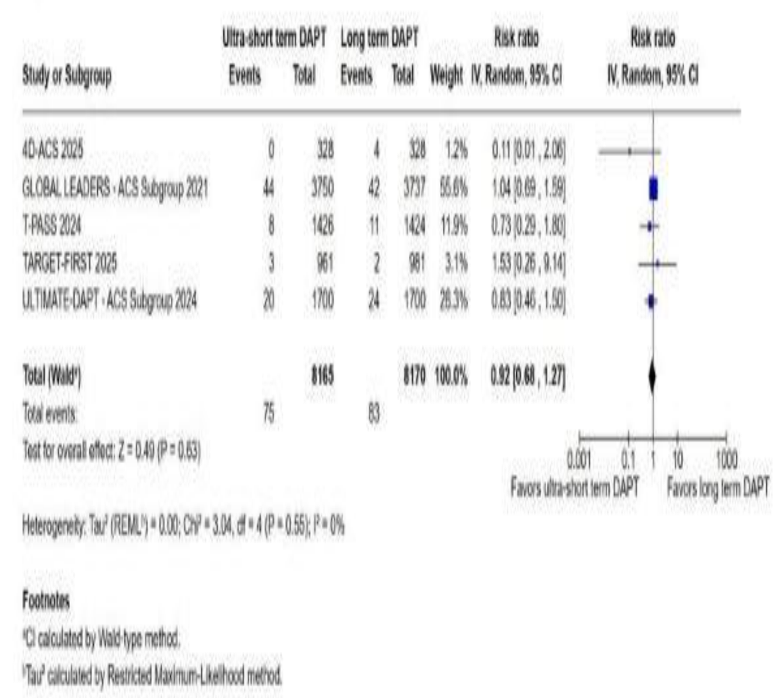


Figure 6. Myocardial infarction

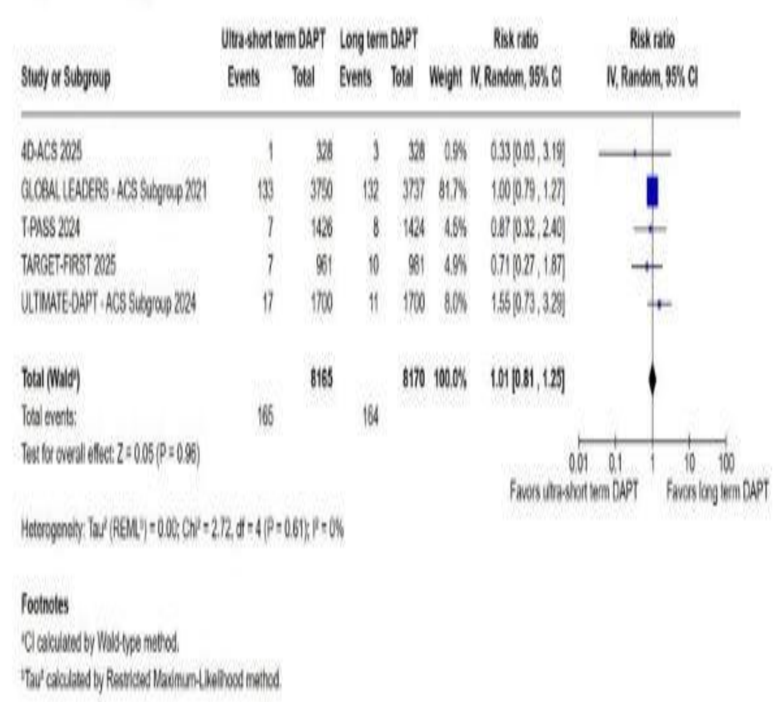


Figure 7. Stent thrombosis

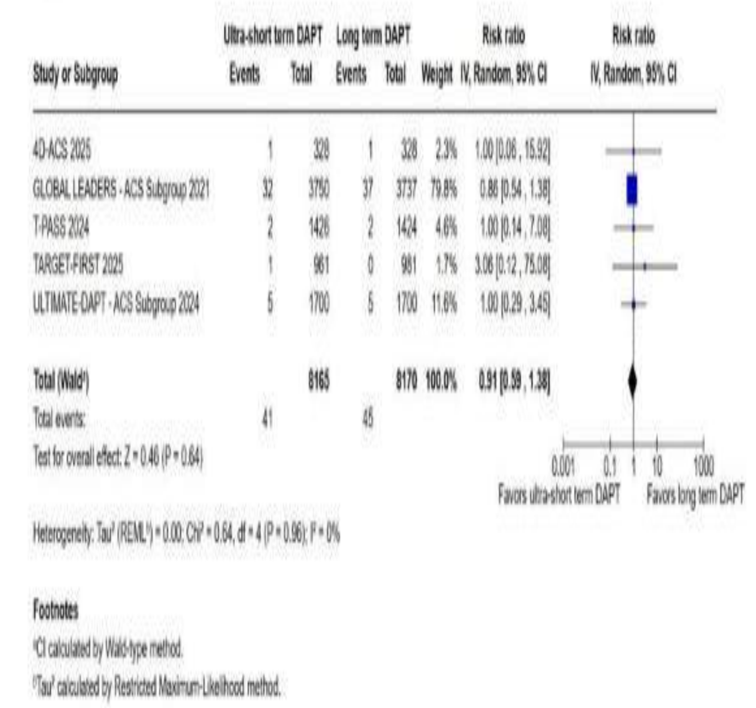
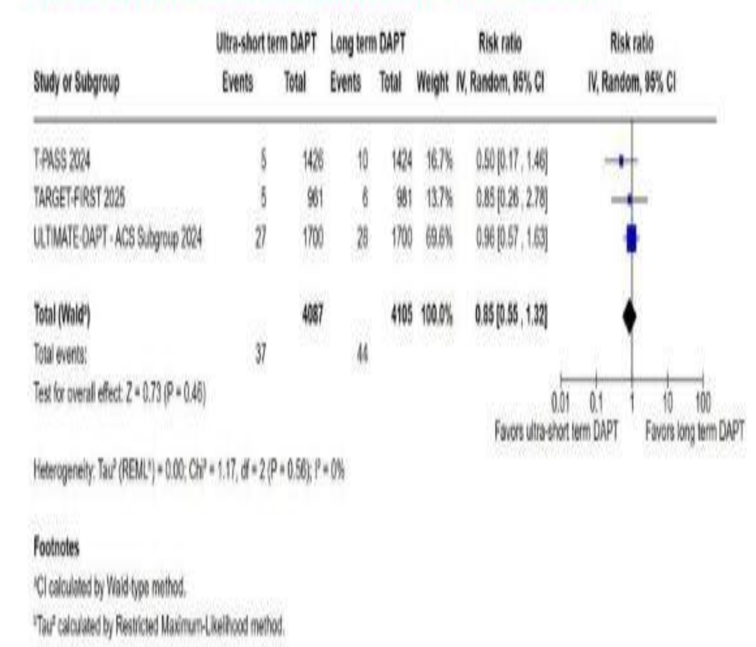


Figure 8. Ischemia driven target lesion revascularization



RESULTS

Ultra-short term DAPT significantly reduced ischemia driven target vessel revascularization (RR 0.83; 95% CI 0.70-0.99; p=0.03; I^2=0%; Figure 1). No significant differences were observed in MACE (RR 0.95; 95% CI 0.83-1.09; p=0.47; I^2=0%; Figure 2), all-cause mortality (RR 0.92; 95% CI 0.74-1.14; p=0.45; I^2=0%; Figure 3), cardiovascular mortality (RR 1.00; 95% CI 0.53-1.91; p=1.00; I^2=0%; Figure 4), stroke (RR 0.92; 95% CI 0.68-1.27; p=0.63; I^2=0%; Figure 5), myocardial infarction (RR 1.01; 95% CI 0.81-1.25; p=0.96; I^2=0%; Figure 6), stent thrombosis (RR 0.91; 95% CI 0.59-1.38; p=0.64; I^2=0%; Figure 7), ischemia driven target lesion revascularization (RR 0.85; 95% CI 0.55-1.32; p=0.46; I^2=0%; Figure 8).

CONCLUSION

Ultra-short term DAPT preserves ischemic protection compared to long term DAPT in ACS patients.

CONTACT INFO

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