

presentation were 53% and 38% in the conservative therapy group. Outcomes at 30 days and 6 months are shown in Table 1. Among the elderly patients, a significant absolute risk reduction of 4.6% (relative risk reduction [RRR] 58%) and 3% (RRR 48%) in nonfatal MI and readmission because of acute coronary syndrome, respectively, was shown at 30 days; similar findings were noted at 6 months. Rates of death were similar in both groups.

Commentary: This study shows that elderly patients may derive benefit from an early invasive strategy for the management of non-STEMI. Although no mortality difference was observed between the 2 groups, there were 47 fewer nonfatal MIs over a 6-month period for every 1000 patients treated with an invasive strategy. The study's strengths include its high-quality prospective design, the large sample and the relevant end points. Limitations include lack of details on other medical interventions used and the exclusion of elderly patients with significant comorbidities.

Practice implications: This study is the first to explore the benefit of an early invasive strategy involving the routine use of thienopyridines, glycoprotein IIb/IIIa inhibitors and coronary stenting among elderly patients with non-STEMI. The findings are consistent with those of recent trials showing improved outcomes associated with an invasive approach for non-STEMI.^{3,4} Although the absolute benefits in terms of the prevention of nonfatal MI and hospital readmission are impressive, enthusiasm must be tempered against uncertainty over the long-term sustainability of such benefits, the cost-effectiveness of an invasive treatment approach and its applicability in actual practice, where the increased prevalence of comorbidities may mitigate any benefits derived from such an approach. Moreover, capacity constraints and process delays in our health care system may impede the ability to deliver timely interventions and may erode the benefits associated with an early invasive strategy.

Sheldon M. Singh

David A. Alter

Department of Medicine
Sunnybrook and Women's College
Health Sciences Centre
University of Toronto
Toronto, Ont.

References

1. Anderson HV, Cannon CP, Stone PH, Williams DO, McCabe CH, Knatterud GL, et al. One-year results of the Thrombolysis in Myocardial Infarction (TIMI) III clinical trial. A randomized comparison of tissue-type plasminogen activator versus placebo and early invasive versus early conservative strategies in unstable angina and non-Q wave myocardial infarction. *J Am Coll Cardiol* 1995;26:1643-50.
2. Boden WE, O'Rourke RA, Crawford MH, Blaustein AS, Deedwania PC, Zoble RG, et al. Outcomes in patients with acute non-Q-wave myocardial infarction randomly assigned to an invasive as compared with a conservative management strategy. Veterans Affairs Non-Q-Wave Infarction Strategies in Hospital (VANQWISH) Trial Investigators [published erratum appears in *N Engl J Med* 1998;339(15):1091]. *N Engl J Med* 1998;338:1785-92.
3. Janzon M, Levin LA, Swahn E. Invasive treatment in unstable coronary artery disease promotes health related quality of life: results from the FRISC II trial. *Am Heart J* 2004;148:114-21.
4. Bavry AA, Kumbhani DJ, Quiroz R, Ramchandani SR, Kenchaiah S, Antman EM. Invasive therapy along with glycoprotein IIb/IIIa inhibitors and intracoronary stents improves survival in non-ST-segment elevation acute coronary syndromes: a meta-analysis and review of the literature. *Am J Cardiol* 2004;93:830-5.

BOOKS RECEIVED

Amar MB. **Cannabis**. Montréal: Drogues, santé et société; 2004. 539 pp. \$25.00 ISSN 1703-8839

Anlyan WG. **Metamorphoses: memoirs of a life in medicine**. Durham (NC): Duke University Press; 2004. 229 pp. \$29.95 (cloth) ISBN 0-8223-3378-3

Armstrong-Coster A. **Living and dying with cancer**. New York: Cambridge University Press; 2004. 194 pp. US\$65.00 (cloth) ISBN 0-521-83765-0

Denyer SP, Hodges NA, Gorman SP, editors. **Hugo and Russell's: pharmaceutical microbiology, 7th ed**. Malden (MA): Blackwell; 2004. 481 pp. US\$89.95 ISBN 0-632-06467-6

Holland EC, editor. **Mouse models of human cancer**. Hoboken (NJ): John Wiley and Sons; 2004. 474 pp. US\$195.00 ISBN 0-471-44460-X

McDonald L, editor. **Florence nightingale on public health care**. Waterloo (ON): Wilfrid Laurier University Press; 2004. 701 pp. \$95.00 (cloth) ISBN 0-88920-446-2

Packer L, Ong CN, Halliwell B, editors. **Herbal and traditional medicine: molecular aspects of health**. New York: Marcel Dekker; 2004. 941 pp. US\$195.00 ISBN 0-8247-5436-0

Raphael D, editor. Forward by the Hon. Roy J. Romanow. **Social De-**

terminants of health: Canadian perspectives. Toronto: Canadian Scholars' Press; 2004. 435 pp. \$39.95 ISBN 1-55130-237-3

Runge MS, Ohman EM, editors. **Netter's cardiology**. Teterboro (NJ): Icon Learning Systems; 2004. 664 pp. US\$79.95 ISBN 1-92900705-1

Simonds C, Warren B. **The clown doctor chronicles**. New York: Rodopi; 2004. 175 pp. US\$52.00 ISBN 90-420-1079-7

Sweeney G. **Clinical pharmacology: a text book for health professionals**. CD-ROM included. Available from: www.clinicalpharmacologytext.com. 2004. 550 pp. US\$39.98