

Chest pain

COCHRANE SYSTEMATIC REVIEW: [Intravenous magnesium for acute myocardial infarction](#)

Implications for practice: Unlikely to be effective

In some countries, intravenous (IV) magnesium is given early after a heart attack to patients to reduce mortality or damage to the heart; although there is controversy about this approach. The interpretation of 26 trials in this review is complicated by the likelihood of publication bias and heterogeneity of treatment effects. Giving IV Magnesium is unlikely to reduce mortality but it reduced the incidence of serious arrhythmias. However, this treatment also increased the incidence of profound hypotension, bradycardia and flushing.

LINK to Cochrane Library: 2 2007; Issue 2

<http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD002755/frame.html>

COCHRANE SYSTEMATIC REVIEW: [Heparin versus placebo for acute coronary syndromes](#)

Implications for practice: Appears effective but increased minor bleeds

Blood clots in the arteries leading to the heart can cause acute coronary syndromes which include unstable angina or a type of heart attack (non-ST segment myocardial infarction - NSTEMI). The research was reviewed to determine if drugs such as heparin may prevent these clots from forming. Eight trials of over 3,000 patients were reviewed where two types of heparin were given to patients with high-risk unstable angina or NSTEMI in addition to standard therapy with aspirin. The heparins prevented more heart attacks than placebo but did not reduce mortality, the need for revascularization procedures or recurrent angina. The use of the heparins caused more cases of minor bleeding.

LINK to Cochrane Library: 2008; Issue 2

<http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD003462/frame.html>