**SAFETY OF THE ASSOCIATION OF RANOLAZINE AND IVABRADINE FOR ANTIANGINAL TREATMENT IN STABLE CORONARY ARTERY DISEASE**

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*Background*: Ranolazine (RNZ) and ivabradine (IVA) are new antianginal drugs. The former selectively inhibits late sodium influx, and the latter selectively modulates heart rate blocking the sinoatrial If current. Theoretically RNZ and IVA could be added together to treat refractory angina in patients not suitable for complete revascularization, but, the experience is limited so far.

*Methods*: From 2011 to 2013, 285 consecutive patients with Canadian Class >2 angina or silent ischemia and coronary anatomy not suitable for complete revascularization were treated as outpatients in our Institution. Patients were grouped according the antianginal therapy (IVA Group, 75 pts; RNZ Group, 166 pts; RNZ/IVA Group, 44 pts). Clinical characteristics with QTc measurements were prospectively assessed with a median FUP of 22 months.

*Results*: CV risk factors were similar among groups, but pts treated with RNZ/IVA had a higher prevalence of refractory angina (IVA 28.0%, RNZ 21.0% and RNZ/IVA 54.6%, p<0.05 vs IVA and RNZ) and chronic total coronary occlusions (IVA 12.2%, RNZ 12.1%, IVA/RNZ 18.1%, p<0.05 vs IVA and RNZ). Qtc increased mildly but significantly only in patients treated with RNZ (baseline 433.2 ± 38.2 vs FUP 441.8 ± 37.2 msec, p<0.05). RNZ/IVA association was not associated with significant increase of QTc (Baseline 428.7 ± 31.2 vs FUP 438.1 ± 35.5 msec, p NS) and mortality (IVA 8.0%, RNZ 7.2%, RNZ/IVA 9.1%, p=0.66), atrial fibrillation (IVA 1.3%, RNZ 0.6%, RNZ/IVA 2.2%, p=0.87) or other adverse event rates.

*Conclusion*: In a real world population of stable coronary artery disease, RNZ/IVA association did not increase either QTc nor mortality and other adverse event rates.