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Incidence of progressively reduced LVEF during long-year follow-up after myocardial infarction: impact for mid-term outcomes

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Background: Severely reduced left ventricular ejection fraction (LVEF \leq 35%) is commonly seen in approximately 5% of the myocardial infarction (MI) survivors in its acute-phase, which is recognized as a risk factor of post-MI cardiac death. However, clinical impact of the progressively reduced LVEF in the chronic-phase after MI has not been clarified.

Purpose: To evaluate clinical impact of the progressively reduced LVEF in the chronic-phase after MI.

Method: We evaluated 1659 consecutive patients with acute MI by serial echocardiography. Primary outcome was severely reduced LVEF. And secondary outcome was all cause death and cardiac death.

Result: During follow-up (median: 1097 days), severely reduced LVEF

newly developed in 8.6% of AMI survivors. These patients had significantly higher incidence of all cause death (20.7% vs. 4.4%, $p<0.01$) and cardiac death (10.6% vs. 1.2%, $p<0.01$) than those with LVEF $>$ 35%. Severely reduced LVEF progressed in the chronic-phase associated with all cause death and cardiac death as well as those with severely reduced EF in the acute-phase.

Conclusions: Progressively reduced LVEF during chronic-phase occurred 8.6% per 10-year in MI survivors. Careful long-term follow-up after MI should be needed to identify possible candidate for the implantable cardioverter-defibrillator.

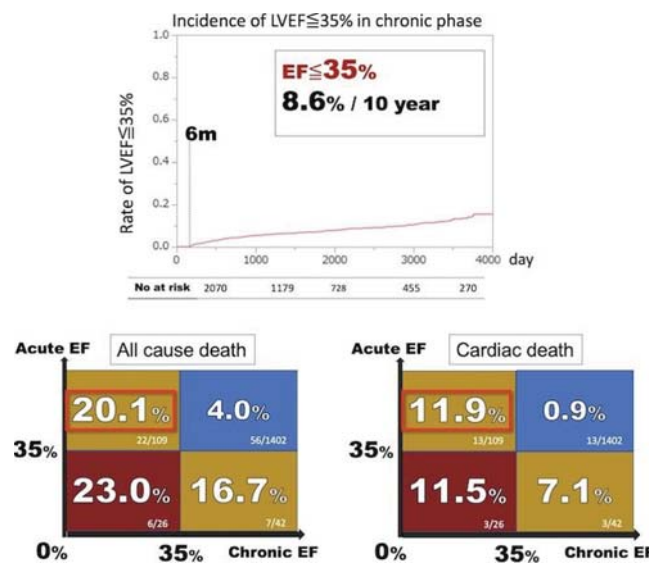


Figure 1