

P1563

CHA2DS2-VASc score predicts mortality and readmission in octogenarian patients with non-ST-segment elevation myocardial infarction

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Background: CHA2DS2-VASc Score is widely used to predict thromboembolic risk in patients with Atrial Fibrillation (AF). We ought to study if this score predicts outcomes in elderly patients with Non ST-segment Elevation Myocardial Infarction (NSTEMI).

Methods: The multicenter LONGEVO-SCA prospective registry included 532 unselected patients with NSTEMI aged ≥ 80 years. Data to calculate CHA2DS2-VASc Score were available in 523 patients (98.3%). They were classified according to CHA2DS2-VASc Score: group 1 (score 0–4), and 2 (5–9). We studied outcomes in terms of mortality or readmission at 6 months follow-up.

Results: A total of 266 patients (51%) had a high CHA2DS2-VASc Score (group 2). They were more often women, with more cardiovascular risk factors like hypertension or diabetes mellitus, and history of previous stroke

and cardiovascular disease and heart failure (all, $p=0.001$). Geriatric syndromes (Barthel Index, Lawton Brody, cognitive impairment and frailty) and Charlson index were worse in this group (all, $p=0.001$). They had poorer clinical status on admission, with worse Killip class and lower left ventricle ejection fraction (all, $p=0.001$), and developed new onset AF more often during admission (12.4% vs. 6.6%, $p=0.024$). At six months follow-up, patients in group 2 had higher reinfarction, all cause mortality, and mortality or readmission rates (all, $p=0.001$). (Table A CHA2DS2-VASc Score > 4 predicted mortality (HR 2,60 [95% CI 1,48–4,55], $p<0,001$) (Figure 1) and was associated with mortality or readmission at 6 months (HR 2.07 [CI 95% 1.51–2.84], $p<0.001$).

Conclusions: A CHA2DS2-VASc score > 4 is present in half of octogenarians with NSTEMI and is associated with a poor outcome.

	CHADS VASC2 0–4 (n=257)	CHADS > 4 (n=266)	p
Geriatric syndromes			
Barthel Index	94 (13)	85 (22)	0.001
Lawton brody	6.2 (2)	4.9 (3)	0.001
Charlson Index	1.5 (1)	3.3 (2)	0.001
Cognitive impairment			0.001
No	201 (79.1)	155 (58.7)	
Mild	49 (19.3)	100 (37.9)	
Severe	4 (1.6)	9 (3.4)	
Nutritional risk (MNA-SF*)	122 (48)	149 (57.1)	0.040
Frailty (FRAIL scale)			0.001
Non-frail	111 (43.2)	69 (25.9)	
Prefrail	102 (39.7)	101 (38)	
Frail	44 (17.1)	96 (36.1)	
Outcomes at 6 months			
Reinfarction	26 (6.9)	16 (13.9)	0.018
Mortality or readmission	111 (28.9)	60 (50.4)	0.001
All cause mortality	38 (9.9)	24 (20.2)	0.003

Figure 1. CHADS VASC > 4 impact in mortality at 6 months (Cox Regression)

HR 2.60 (95% CI 1.48–4.55, $p<0,001$)

