

Early revascularization in elderly with nstemi

T. Gonzalez Ferrero, B.A.A. Alvarez Alvarez, C.C.A. Cacho Antonio, M.P.D. Perez Dominguez, C.A.J.C. Abou Jokh, P.R.V. Rigueiro Veloso, R.A.B. Agra Bermejo, J.M.G.A. Garcia Acuna, J.R.G.J. Gonzalez Juanatey

University Hospital of Santiago de Compostela, Santiago de Compostela, Spain

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Objective: This study sought to analyse the association of early coronary intervention with poor outcomes in patients ≥ 75 years with NSTEMI.

Methods: This retrospective observational study included 7811 NSTEMI patients between the years 2005 and 2017; 2451 were older than 75 years old. We compared baseline characteristics according to GRACE risk score.

Results: We found that 1486 patients (60.6%) underwent early invasive coronary intervention. The long-term all-cause mortality, cardiovascular

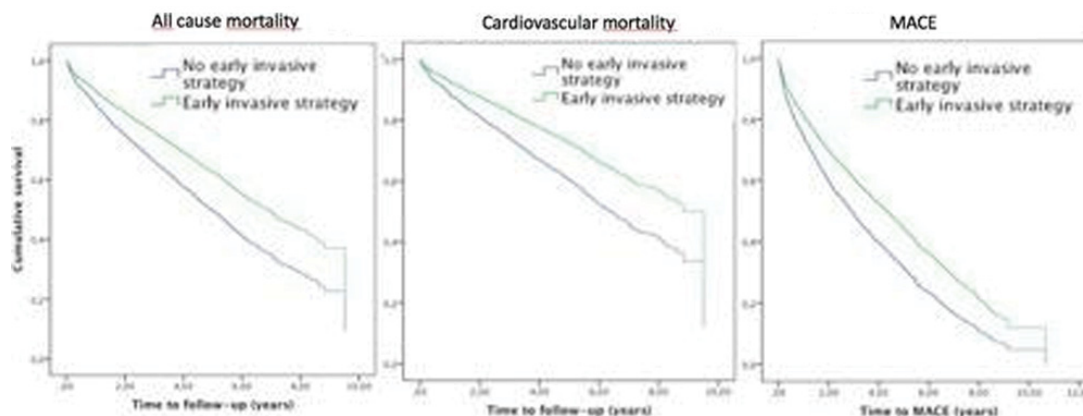
mortality and MACE differed significantly according to early coronary intervention (HR 0.67, 95% CI: 0.59–0.76; HR 0.64, 95% CI: 0.54–0.74; and HR 0.70, 95% CI: 0.63–0.78, respectively).

Conclusion: In elderly high-risk NSTEMI patients, early revascularization was associated with reduced all-cause and cardiovascular mortality and MACE.

Table 1. Clinical features of the patients according revascularization time delay in the whole cohort

Time to revascularization	<24 hours	>24 h	p
N	965 (39.4)	1486 (60.6)	
Age	82 (5)	80 (4)	<0.001
Female gender	407 (42.2)	606 (40.8)	0.493
Diabetes	381 (39.5)	461 (31.0)	<0.001
Hypertension	769 (79.7)	1038 (69.9)	<0.001
Dyslipidemia	490 (50.8)	651 (43.8)	0.001
Atrial fibrillation	91 (9.4)	217 (14.6)	<0.001
Creatinine (mg/dl)	1.2 (0.6)	1.1 (0.5)	<0.001
GRACE score	164 (36)	166 (31)	<0.001
GRACE score > 140	682 (70.7)	1172 (78.9)	<0.001
CRUSADE score	32 (19)	27 (19)	0.463
LVEF (%)	54 (13)	54 (11)	0.061
Aspirin	808 (83.7)	1310 (88.2)	0.002
Clopidogrel	565 (58.5)	1043 (70.2)	<0.001
Oral Anticoagulants	116 (12.0)	184 (12.4)	0.790
Beta-blockers	678 (70.3)	859 (57.8)	<0.001
ACE-ARB	677 (70.2)	915 (61.6)	<0.001
ARM	25 (9.1)	101 (6.8)	0.175

ACEI: angiotensin-converter enzyme inhibitors; ARB: angiotensin receptor blocker; ARM: antagonist receptor mineralocorticoid; LVEF: left ventricle ejection fraction; STEMI: ST-elevation myocardial infarction.



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