

P633 : Six-month clinical outcome of elderly patients with ST-elevation MI according to reperfusion: data from the French FAST-MI registry

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Background: Demographic changes in Western countries population have resulted in an increase in the number of elderly patients hospitalized for STEMI. There is a wide gap between the proportion of myocardial infarction patients aged 75 years or older in Western countries and their enrolment in randomized controlled trials on ACS

Objective: To assess 6-month mortality of STEMI patients \geq 75 years old in the French registry of Acute ST elevation or non-ST-elevation Myocardial Infarction (FAST-MI).

Methods: FAST-MI is a prospective multicentre study (223 French institutions, university teaching hospitals, general and regional hospitals and private clinics with intensive care units), including all patients admitted to UCIs for AMI over a 1-month period in November 2005.

Results: 453 STEMI patients admitted within 48 hours after symptoms onset were \geq 75 years old (26.4% of the STEMI population (n=1714)). Mean age was 82.02 ± 5.0 and 51.6% were women. Only 44.5% of the patients were treated by reperfusion therapy: 27.1% underwent primary angioplasty; 10.6% pre-hospital thrombolysis, 6.9% in-hospital thrombolysis. Six-month mortality rate was: 17.8% after angioplasty; 13% after pre-hospital lysis, 23.3% after in-hospital lysis and 30.2% for patients without reperfusion therapy, $p = 0.016$. By multivariate analysis, independent predictors of 6-month mortality were: smoking (or prior) (OR= 2.45, 95% CI= 1.3-4.6, $p = 0.005$), heart failure (OR= 4.8, 95% CI= 2.5-9.2, $p < 0.0001$), presence of co-morbidity (OR= 2.1, 95% CI= 1.03-4.1, $p = 0.04$), anterior location of MI (OR= 2.2, 95% CI= 1.3-3.95, $p = 0.005$), systolic pressure at admission (OR=0.98, 95% CI= 0.97-0.99, $p < 0.0001$), primary angioplasty (OR= 0.3, 95% CI= 0.16-0.65, $p = 0.002$), pre-hospital thrombolysis (OR= 0.4, 95% CI= 0.15-1.19, ns), hospital thrombolysis (OR= 0.77, 95% CI= 0.26-2.3, ns).

Conclusion: In the absence of specific guidelines on treatment of elderly patients with STEMI, these real-world data show that reperfusion therapy is associated with improved survival at 6 months.