

» Step 4 of 4: Abstract Preview and Submission

*denotes a mandatory field

 PRINT VERSION

Abstract Information

Abstract Submitter:	Professor Danchin Nicolas - nicolas.danchin@egp.aphp.fr
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Title:	Use of PCI is a major determinant of late survival in very elderly patients admitted for acute myocardial infarction. Data from the French FAST-MI registry
Evaluation Topic:	04.07 - Infarction acute phase non STEMI
Acronym Abbreviation:	FAST-MI
Acronym:	French registry on Acute ST-elevation and non ST-elevation Myocardial Infarction
On Behalf of:	FAST-MI investigators
Category:	Bedside
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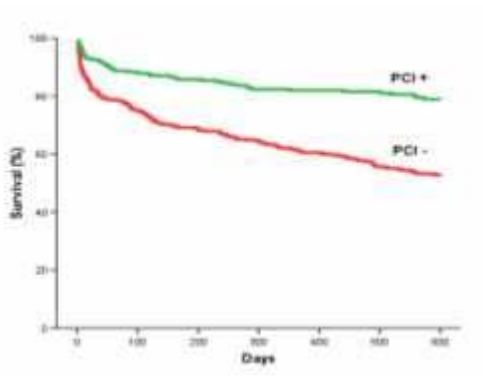
Abstract Authors

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Abstract Content

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Very elderly pts are excluded or underrepresented in RCTs. Registries permit to assess the impact of management policies in this population. Aim: to assess predictors of survival at 600 days in pts 80 years or older having survived AMI. Methods: the FAST-MI registry is a registry of the French Society of Cardiology including all pts admitted to ICUs for AMI < 48 hours over a 1 month period (end of 2005); 223 institutions participated and included 3059 pts, of whom 554 were aged 80+ and survived the hospital phase. Follow-up is > 98% complete. Results: Mean age was 85 ± 4 yrs; 54% were women; 60% had NSTEMI; 55% underwent coronary angiography during hospital stay and PCI was performed in 40% of the population (primary PCI in 22% of STEMI pts). Overall survival at 600 days was 72%. It was 86% in pts with PCI, versus 63% in those without (p<0.001). (Figure). Cox multivariate analysis showed that older age, comorbidity (cancer, diabetes, COPD, chronic renal failure), use of transfusion during hospitalisation, and poor LVEF or history of CHF were all significantly associated with increased late mortality. Compared with STEMI pts without reperfusion Rx, NSTEMI pts had a non significant reduction in mortality (OR: 0.82; 95%CI: 0.56-1.21), while STEMI pts with reperfusion Rx had a 69% reduction in late mortality (OR: 0.31; 95% CI: 0.13-0.75, p=0.01). Pts who had undergone PCI at any time during hospital stay also had significantly lower late mortality: OR: 0.58; 95%CI: 0.36-0.92, p=0.021) after multivariate adjustment. Conclusion: The main determinants of late mortality in elderly pts are age, comorbidities and LV dysfunction, while use of PCI during hospital stay is a significant predictor of improved late survival. Elderly patients should not be denied an invasive approach when presenting with AMI.



Survival according to in-hospital PCI

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