» 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:	Impact of early prescription of beta-blockers and statins on 18-month survival in patients with AMI. Data from the FAST-MI Registry of the French Society of Cardiology
Evaluation Topic:	07.08 - Drug therapy
Acronym Abbreviation:	FAST-MI
Acronym:	French registry of Acute ST-elevation and non-ST-elevation MI
On Behalf of:	FAST-MI investigators
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Abstract Authors

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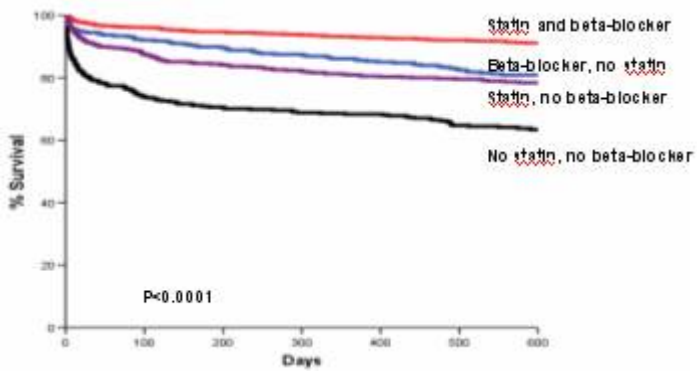
Abstract Content **100%**

Data on the efficacy of very early use of statins (S) and beta-blockers (B) in AMI are scarce. Aim: to determine the outcome of pts with AMI according to early treatment with S, B- or their combination (S + B). Methods: FAST-MI is a nationwide registry carried out over a
1-month period in 2005, including consecutive pts with AMI admitted to ICUs ≤48 hrs from symptom onset in 223 participating centres. We assessed 600-day survival according to the use of S, B, and S+B- <48 hours of admission. Follow-up was > 98% complete. Results: 3059 pts were included (Mean age 67 ± 14 yrs, 32% women; 52% STEMI). S alone, B alone and S+B were begun <48 hrs in 18%, 12%, and 57%, respectively, while 13% received neither S nor B. In-hospital death was 2.1% for patients on early S+B combination, 5.3% on B alone, 7.7% on S alone and 16.8% for neither drug (p<0.001). Kaplan-Meier survival at 600 days was significantly higher in pts with early S (81%), B (86%), or their combination (93%), compared with those receiving neither (68%, p<0.001) (Figure). Using Cox multivariate analysis, early use of S alone (OR=0.63; 95%CI: 0.48-0.84), B alone (OR=0.56; 95%CI: 0.40-0.78) or their combination (OR=0.43; 95%CI: 0.33-0.56) was significantly associated with a decreased risk of late death, compared with patients receiving neither S nor B (p<0.001). When the analysis was restricted to the pts alive at day 2 ("worst case scenario" model), early use of S alone (OR: 74; 95%CI 0.55-1.00), B alone (OR=0.61; 95%CI: 0.42-0.87) or their combination (OR=0.53; 95%CI: 0.39-0.71) remained associated with a significantly decreased mortality.
Conclusion: In pts admitted for AMI, early prescription of statins, beta-blockers, or their combination within 48 hours of admission is associated with improved 600-day survival.



Impact of early treatment on survival

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