

» 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 discharge antihypertensive medications in hypertensive patients with AMI: Data from the FAST-MI registry

Evaluation Topic: 07.08 - Drug therapy

Acronym Abbreviation: FAST-MI

Acronym: French registry on Acute ST-elevation and non-STelevation MI

On Behalf of: FAST-MI investigators

Category: Bedside

Options: No

Abstract Authors

T. Simon¹, JP. Metzger¹, D. Metz², JL. Parola³, A. Lassabe⁴, G. Hannebique⁵, P. Cazaux⁶, RG. Huguet⁷, JP. Cambou⁸, N. Danchin⁹ - (1) Paris, France (2) Reims, France (3) Evequemont, France (4) Belfort, France (5) Arras, France (6) Lorient, France (7) Orleans, France (8) Toulouse, France (9) Hopital Europeen Georges Pompidou (Hegp), Paris, France

Abstract Content

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The prognostic impact of the different classes of antihypertensive agents in patients with acute myocardial infarction (AMI) has not been studied specifically.

Aim: to assess the correlations between the use of classes of antihypertensive agents at discharge and 20-month mortality in patients with AMI.

Methods: the FAST-MI registry included all consecutive patients admitted with an AMI \leq 48 hours from symptom onset over a one-month period in 223 intensive care units throughout France. 3059 patients were included, of whom 1645 (71 \pm 13 years, 38% women) had a history of hypertension and were discharged alive. Follow-up was $>$ 98% complete.

Results: Overall survival at 20 months was 80%. In univariate analyses, all blood pressure lowering agents except CCBs were associated with improved survival. Loop diuretics were associated with higher mortality. (Table) By Cox multivariate analysis adjusted for 40 covariables, only discharge prescription of ACE-I, ARBs or aldosterone blockers was associated with decreased mortality (OR: 0.72; 95%CI: 0.54-0.96, $p < 0.03$). Neither beta-blockers, thiazide diuretics, nor CCBs were significantly associated with survival.

Conclusion: in hypertensive patients surviving an acute MI, most classes of antihypertensive medications at discharge are associated with improved survival. After multivariate adjustment, however, only blockers of the rennin angiotensin aldosterone system were independent correlates of improved survival

Late death according to discharge Rx

Medication at discharge	No (% death)	Yes (% death)	P value
Beta -blockers	21%	12%	0.001
CCBs	14%	17%	NS
Any RAAS blocker	18%	12%	0.001
Thiazide	15%	5%	0.010
Loop diuretic	8.5%	32%	0.001

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