



OCTOBER 10-13, 2019 | CHICAGO, IL

2019 SCIENTIFIC POSTER SESSION

P007

STEMIs with Elder Age May Fare Similar to Young age –An Unexpected Result

Friday, October 11, 2019, 10:15 – 11:15 AM, 2:25 - 3:25 PM

Saturday, October 12, 2019, 10:00 – 11:00 AM, 2:15 - 3:15 PM

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Purpose

To compare mortality outcomes between young (<45 years) STEMI patients and Elder (>45 years) STEMI patients.

Methods

It was a prospective study done from 2013-2018 on STEMI patients aged between 18-65 years who underwent immediate Coronary Catheterization and Percutaneous Intervention. Patients with poor prognostic conditions like previous MI, known LV Dysfunction, Prior revascularization, dialysis dependant and stroke patients were excluded. Patients were followed for Mortality outcomes for a total of 30 days post STEMI. Details of risk factors and Coronary lesion anatomy were noted on a Proforma.

Results

Of the 361 patients selected, we identified 151 patients up to 45 years of age (mean age: 39.4 vs.59.9 years). Patients in the young group were predominantly men (90.0% vs. 72.0%, p=0.00), obese (51.0 % vs. 36.0%, p=0.01) and predominantly had Single vessel disease (67% vs. 45%, p=0.00) but had a lower prevalence of hypertension (31.0 % vs. 57.0%, p=0.00). Double and triple vessel disease was more commonly seen after age 45, (23% vs. 36%, p=0.00) and (8% vs. 18%, p=0.00) respectively. There was non-significant difference in regards to Diabetes (37% vs. 46.3%), Positive family history of Premature Coronary Artery Disease (47.2% vs. 53.6%) and Smoking status (45% vs. 36.4%). The relative risk for All-Cause-Mortality at 30 days post STEMI was found to be 1.4 (0.5-3.6) which was non-significant which did not change even after adjustment for potential confounders like obesity, diabetes, Positive family history of CAD, Smoking, etc.

Conclusions

Elder patients with STEMI may have similar short term (<30 days) mortality outcomes post STEMI compared to young patients if they do not have any poor prognostic conditions e.g. history of Prior MI, Prior revascularisation, LV Dysfunction, End-stage renal disease or stroke.



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