

STEMI: Issues in Diagnosis, Transfer, and Treatment

Abstract 1995: 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 in 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 ≥ 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 multi-centre 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: 520 STEMI patients admitted within 48 hours after symptoms onset were ≥ 75 years old (30.6% of the STEMI population (n=1701)). Mean age was 82.3 ± 5.1 and 52.5% were women. Only 38.5% of the patients were treated by reperfusion therapy: 23.65% underwent primary angioplasty; 9% pre-hospital thrombolysis, 5.8% in-hospital thrombolysis. Six-month mortality rate was: 17.9% after angioplasty; 5.2% after pre-hospital lysis, 5.2% after in-hospital lysis and 71.6% for patients without reperfusion therapy, $p = 0.037$. By multivariate analysis, independent predictors of 6-month mortality were : smoking (or prior) (OR= 1.95, 95% CI= 1.16–3.3, $p = 0.012$), heart failure (OR= 5.7, 95% CI= 3.2–10.1, $p < 0.0001$), anterior location of MI (OR= 1.7, 95% CI= 1.1–2.8, $p = 0.022$), systolic pressure at admission (OR=0.98, 95% CI= 0.97–0.98, $p < 0.0001$), primary angioplasty (OR= 0.48, 95% CI= 0.26 – 0.86, $p = 0.014$), pre-hospital thrombolysis (OR= 0.55, 95% CI= 0.2–1.4, ns), hospital thrombolysis (OR= 0.56, 95% CI= 0.2–1.6, 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.