

**» Step 4 of 4: Abstract Preview and Submission**

\*denotes a mandatory field

 PRINT VERSION**Abstract Information**

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Title: Prognostic significance of pulse pressure in patients with LV dysfunction after AMI: data from the FAST-MI registry

Evaluation Topic: 07.02 - Haemodynamics, heart and hypertension

Acronym Abbreviation: FAST-MI

Acronym: French registry of acute ST-elevation and non-ST-elevation MI

On Behalf of: the FAST-MI investigators

Category: Bedside

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**Abstract Content****72%**

Background and aim: Arterial pulse pressure is a correlate of arterial stiffness. Its prognostic significance has been demonstrated in the general population. In patients having sustained an acute myocardial infarction and with poor LV function, the impact of pulse pressure on outcome is not known.

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 at the end of 2005. 3059 patients were included, of whom 2894 were discharged alive and 447 had LVEF  $\leq$ 40%. Follow-up was >98% complete.

Results: SBP at discharge was  $114 \pm 20$  mm Hg and pulse pressure was  $49 \pm 16$  mm Hg. Patients with increased PP were older ( $76 \pm 9$  v  $68 \pm 14$  yrs,  $p < 0.001$ ), had a higher SBP on admission ( $151 \pm 27$  v  $133 \pm 28$  mm Hg,  $p < 0.001$ ), but had a similar GRACE score ( $180 \pm 34$  v  $181 \pm 39$ ) and a similar LVEF ( $34 \pm 6$  v  $34 \pm 7$  %).

20-month mortality was 19% in patients with pulse pressure  $\leq 60$  mm Hg and 39 % in patients with pulse pressure  $> 60$  mm Hg ( $p < 0.001$ ). Using Cox multivariate analysis, PP  $> 60$  mmHg was associated with an increased risk of mortality at 20 months (OR: 1.80; 95%CI: 1.09-2.80,  $p = 0.02$ ) while SBP was not an independent predictor of outcome. When discharge medications were included into the model, increased pulse pressure kept its prognostic significance (OR: 1.83; 95%CI: 1.10-3.03,  $p = 0.02$ ), rennin angiotensin system blockers (OR: 0.43; 95%CI: 0.27-0.69;  $p < 0.001$ ) and aldosterone blockers (OR: 0.41; 95%CI: 0.20-0.85,  $p = 0.16$ ) were associated with decreased long-term mortality, while nitrates and diuretics were associated with increased mortality. Beta-blockers and CCBs were not significantly associated with outcomes.

Conclusion: elevated pulse pressure at hospital discharge after AMI associated with LV dysfunction is an independent correlate of increased long-term mortality.

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