



ONE WORLD. ONE MISSION. YOUR SPECIALTY.™

scientific sessions 2008 | American
Asso

Exhibits: November 9-11 | Sessions: November 8-12 | Nev

 [Print this Page for Your Records](#)

[Close Window](#)

Control/Tracking Number: 08-SS-A-20750-AHA

Activity: Scientific Sessions Abstract

Current Date/Time: 6/8/2008 12:19:44 PM

Prognostic Impact on One-year Survival of Simple Routine Laboratory Measurements at the Acute Stage of MI: the FAST-MI Registry

Author Block:

Jean Ferrières, CHU de Toulouse, Toulouse, France; Raif Sader, CH de Laon, Laon, France; Bruno Maillier, CH de Troyes, Troyes, France; Laurent Ledain, CH de La Rochelle, La Rochelle, France; Philippe Bonnet, CH du Havre, Le Havre, France; Vincent Bataille, CHU de Toulouse, Toulouse, France; Benoit Pace, Société Française de Cardiologie, Paris, France; Jean-Pierre Cambou, CHU de Toulouse, Toulouse, France; Tabassome Simon, CHU St Antoine, Paris, France; Nicolas Danchin, HEGP, Paris, France; for the FAST-MI investigators

Abstract:

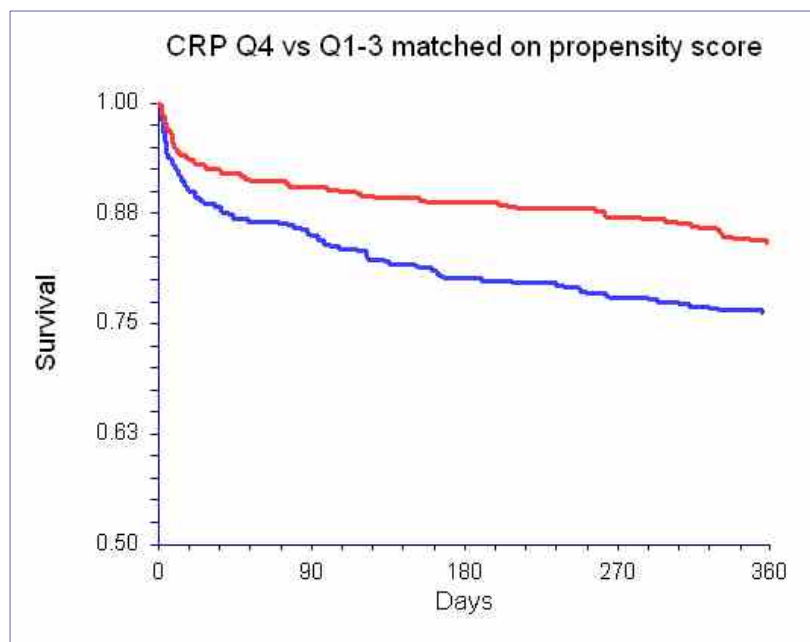
Background & aim: The prognostic information yielded by routinely assessed inflammatory markers and blood cell counts is debated. **Methods & results:** We assessed correlations between mortality and casual measurements of CRP, WBC and hemoglobin at entry in 3059 consecutive patients admitted for AMI included in the nationwide French FAST-MI registry. We purposely used local laboratory measurements. In univariate analyses, all 3 parameters were strongly related to 1-year mortality (Table).

Using x-variate Cox analysis including age, previous history, co-morbidities, GRACE score, sex and type of AMI, Q4 of CRP (>21 mg/L) (OR: 1.62, 95%CI: 1.17-1.24, p=0.003), of WBC (>12400/ μ L) (OR: 1.46; 95%CI: 1.06-2.02; p=0.02) and Q1 of Hb(<12.5 g/dL) (OR: 1.42; 95%CI: 1.03-1.95; p=0.033) were all independent correlates of 1-year mortality. Propensity score matching for upper quartile of CRP showed significantly lower survival for Q4 patients (76% v 84%, p=0.003)(Figure). When the analyses were repeated on hospital survivors only, also including discharge medications, both Q4 of CRP (OR: 2.12; 95%CI: 1.44-3.13, p<0.001), and Q1 of Hb(OR: 1.51; 95%CI: 1.01-2.27, p=0.045) remained independent correlates of 1-year mortality.

Conclusion: Simple laboratory measurements at entry reflecting inflammation, as well hemoglobin level are independent predictors of one-year mortality in patients with AMI.

One-year mortality

	Quartile 1	Quartile 2	Quartile 3	Quartile 4	P Value
CRP (n=1934)	7.3%	6.8%	11.4%	28.4%	<0.001
WBC (n=2952)	10.6%	10.5%	13.9%	17.7%	<0.001
Haemoglobin (n=2954)	27.0%	12.0%	8.7%	6.3%	<0.001



Author Disclosure Information: J. Ferrières, None; R. Sader, None; B. Maillier, None; L. Ledain, None; P. Bonnet, None; V. Bataille, None; B. Pace, None; J. Cambou, None; T. Simon, None; N. Danchin, None.

Category (Complete): 44 - Unstable Angina, NSTEMI and STEMI: Prognosis and Pharmacologic Therapy (Non-Catheter Based) (CLCD)

Keyword (Complete): Inflammation ; Myocardial infarction ; Hemoglobin

Presentation Preference (Complete): All Formats

Additional Info (Complete):

: G. Other

Yes or No: No

Payment (Complete): Your credit card order has been processed on Sunday 8 June 2008 at 12:17 PM.

Status: Complete

American Heart Association
7272 Greenville Avenue
Dallas, Texas 75231

Powered by OASIS, The Online Abstract Submission and Invitation System SM
© 1996 - 2008 Coe-Truman Technologies, Inc. All rights reserved.

