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### Abstract Information

Abstract Submitter:	Professor Danchin Nicolas - <a href="mailto:nicolasdanchin@yahoo.fr">nicolasdanchin@yahoo.fr</a>
Event:	ESC Congress 2007
Title:	Major improvement in in-hospital and 6-month mortality after STEMI from 1995 to 2005 in relation to early management: results from the French USIK, USIC 2000 and FAST-MI registries
Evaluation Topic:	04.06 - Infarction acute phase STEMI
Acronym Abbreviation:	FAST-MI
Acronym:	French registry of Acute ST-elevation and non ST-elevation Myocardial Infarction
On Behalf of:	the FAST-MI investigators
Category:	Bedside
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### Abstract Content

**93%**

The use of reperfusion therapy and recommended medications has increased in recent years. The impact of these measures on outcomes is not fully known.

Aim: to compare in-hospital mortality in 3 nationwide registries 5 years apart.

Methods: USIK 1995, USIC 2000 and FAST-MI are 3 nationwide French registries conducted 5 years apart, using a similar methodology in consecutive patients admitted to CCUs over a one-month period. All 4984 STEMI patients presenting  $\leq 48$  hrs of symptom onset were included.

Results: 1536 patients were included in 1995, 1844 in 2000 and 1604 in 2005. Baseline characteristics were as follows: age:  $66 \pm 14$ ,  $65 \pm 15$  and  $64 \pm 14$  years in 1995, 2000 and 2005 ( $p < 0.001$ ); women 28%, 27%, 28% ( $p = \text{NS}$ ); diabetes: 16% v 20% v 19% ( $p = 0.02$ ); previous MI: 15% v 15% v 11% ( $p < 0.005$ ); history of CV disease: 28% v 27% v 23% ( $p < 0.005$ ); anterior location: 41% v 40% v 40% ( $p = \text{NS}$ ). Reperfusion therapy increased from 49% to 53% and 63% ( $p < 0.001$ ), with a shift from IV thrombolysis (37% to 30% to 29%) to primary PCI (12% to 23% to 34%,  $p < 0.001$ ). 30-day and 6-month mortality decreased markedly: 30-day, from 13.7% to 8.7% and 6.9% (-50%,  $p < 0.001$ ) and 6-month from 16.9% to 12.7% to 9.6% (-43%,  $p < 0.001$ ) in the overall population. Importantly, mortality decreased in all subsets; thrombolysis (30-day: 8.2% to 6.4% to 4.6%, RRR: -44%; 6-month 9.5% to 7.9% to 5.4%, RRR: -43%), primary PCI (30-day: 8.7% to 6.3% to 4.7%, RRR: -46%; 6-month: 13.1% to 10.3% to 6.7%, RRR: -49%), and no reperfusion (30-day: 18.9% to 11.3% to 10.7%, RRR: -43%; 6-month: 23.2% to 16.9% to 15.6%, RRR: -33%). By Cox multivariate analysis, study period was associated with lower mortality (OR: 0.62 for 2000 vs 1995 and OR: 0.46 for 2005 vs 1995,  $p < 0.001$ ), independently of use and modality of reperfusion therapy. As the 2000 and 2005 databases recorded medications used during the first 48 hours, we performed a separate multivariate analysis comparing these 2 periods. In this latter analysis, 6-month survival was independently correlated with early use of LMWH (OR: 0.76), statins (OR: 0.70), beta-blockers (OR: 0.43), age and previous history of CV disease.

Conclusion: Mortality of patients with STEMI has dramatically decreased over the past 10 years. This decrease is likely related to a broader use of reperfusion therapy and of recommended therapeutic strategies, such as statins, beta-blockers or LMWH, during the first days of the acute episode.