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Abstract Submitter: Professor Danchin Nicolas - nicolasdanchin@yahoo.fr

Event: ESC Congress 2007

Title: Prognostic impact of discharge heart rate after acute myocardial infarction according to use of beta-blockers: data from the French FAST-MI registry

Evaluation Topic: 04.08 - Post infarction period

Acronym Abbreviation: FAST-MI

Acronym: French registry of Acute ST-elevation and non ST-elevation Myocardial Infarction

On Behalf of: FAST-MI investigators

Category: Bedside

Options: None

Abstract Authors[Edit Authors](#)

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Abstract Content

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Background: Admission heart rate (HR) is a recognised prognostic indicator at the acute stage of MI. Little information is available as regards the prognostic role of discharge HR.

Aim: to assess the impact of discharge HR on 6-month mortality in hospital survivors of AMI, according to use of beta-blockers.

Methods: The FAST-MI registry included consecutive patients admitted for ST-elevation (STEMI) or non-ST elevation myocardial infarction <48 hours of symptom onset, in 223 French intensive care units over 1 month from October 2005. In all, 3059 patients were recruited, of whom 2557 were discharged alive and had discharge HR recorded. Six-month follow-up of mortality was 99% complete.

Results: Using multivariate regression analysis, factors increasing the risk of being in the upper quartile of discharge HR (Q4) were: lack of beta-blocker at discharge ($p<0.001$), increased admission HR ($p<0.001$), female sex ($p<0.001$), prescription of diuretics at discharge ($p<0.001$), use of transfusion during hospital stay ($p=0.001$), ST-elevation MI ($p<0.01$), history of angina before MI ($p<0.05$) and history of COPD ($p<0.05$). 6-month mortality was 3.6%, 5.6% and 7.6% respectively for the first, second and third, and fourth (Q4) quartiles of discharge HR ($p=0.007$). There was no interaction between the prognostic impact of HR and prescription of beta-blockers at discharge: increased discharge HR was associated with poorer survival in both patients with or without beta-blockers (6-month mortality: 6.4, 10.0 and 14.3% respectively in patients without beta-blockers, and 2.7, 4.0 and 5.1% respectively in patients with beta-blockers). Using Cox multivariate analysis, increasing HR at discharge was an independent predictor of 6-month mortality (for each 1bpm increment of HR, OR 1.01; 95% CI: 1.00-1.03, $p<0.04$), along with age, diabetes mellitus, history of MI, renal failure, previous use of digoxin, higher Killip class, anterior STEMI, lower systolic BP on admission, lack of use of angioplasty during hospital stay, lack of use of antiplatelet agents and use of diuretics at discharge. Prescription of beta-blockers at discharge was associated with a strong trend for improved 6-month survival (OR 0.79; 95% CI: 0.50-1.03, $p=0.07$). When discharge HR was removed from the model, prescription of beta-blockers at discharge became highly significant (OR: 0.61, $p=0.004$).

Conclusion: higher HR at discharge in patients with AMI is an independent predictor of 6-month mortality. The favourable effect of beta-blockers appears largely mediated by their impact on HR.

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