

Use of invasive strategy in non-ST-elevation myocardial infarction is a major determinant of improved long-term survival. The FAST-MI registry

Etienne Puymirat (1), Guillaume Taldir (2), Nadia Aissaoui (1), Gilles Lemesle (3), Luc Lorgis (4), Thomas Cuisset (5), Pierre Bourlard (6), Bruno Maïller (7), Gregory Ducrocq (8), Jean Ferrieres (9), Simon Tabasome (10), Nicolas Danchin (1)

(1) *Hôpital Européen Georges Pompidou (HEGP), cardiologie, Paris, France* – (2) *Hôpital Européen Georges Pompidou, cardiologie, Paris, France* – (3) *Regional and University Hospital of Lille, Lille, France* – (4) *CHU Dijon, cardiologie, Dijon, France* – (5) *CHU Timones, Marseille, France* – (6) *Groupe Hospitalier Mutualiste de Grenoble, Grenoble, France* – (7) *Hospital Center of Troyes, Troyes, France* – (8) *CHU Bichat, Paris, France* – (9) *CHU Rangueil, Toulouse, France* – (10) *Hôpital Saint Antoine, cardiologie, Paris, France*

Objectives: We assessed the impact of invasive strategy (IS) versus a conservative strategy (CS) on in-hospital complications and three-year outcomes in patients with Non-ST-Elevation Myocardial Infarction (NSTEMI) from the FAST-MI registry.

Background: Results from randomized trials comparing IS and CS in patients with NSTEMI are conflicting.

Methods: Of the 3,670 patients in the FAST-MI registry, which included patients with acute myocardial infarction (within 48 hours) over a one-month period in France at the end of 2005, 1,645 presented with NSTEMI.

Results: Of the 1,645 patients analyzed, 80% had an IS. Patients in the IS group were younger (67 ± 12 vs. 80 ± 11 years), less often women (29% vs. 51%) and had a lower GRACE risk score (137 ± 36 vs. 178 ± 34) as compared with patient treated with CS. In-hospital mortality and blood transfusions were significantly more frequent in patients with CS as compared with IS (13.1 vs. 2.0%, 9.1 vs. 4.6%). Use of IS was associated with a significant reduction in 3-year mortality and cardiovascular death (17% vs. 60%, adjusted HR: 0.44; 95%CI: 0.35-0.55 and 8% vs. 36%, adjusted HR: 0.37; 95%CI: 0.27-0.50).

After propensity score matching (181 patients per group), 3-year survival was significantly higher in patients treated with IS.

Conclusions: In a real-world setting of patients admitted with NSTEMI, the use of IS during the initial hospital stay is an independent predictor of improved 3-year survival, regardless of age.