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Impact of Low Molecular Weight Heparin on Bleeding, Need for Transfusion and 6-month Survival in Elderly Patients (75 years of age or older) with Acute Myocardial Infarction. Data from the FAST-MI Registry of the French Society of Cardiology.

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Abstract: There are conflicting results as regards the impact of low molecular weight heparin (LMWH) on bleeding and mortality in elderly patients. Aim: to compare in-hospital mortality in pts with AMI according to type of heparin used. Methods: FAST-MI is a nationwide French registry carried out over a one-month period in the fall 2005, including consecutive pts with AMI admitted to CCUs \geq 75 years and had received heparin therapy. Of those, 301 received unfractionated heparin (UFH) only, 398 LMWH only and 185 both UFH and LMWH. UFH only patients were slightly older (83 vs 82 years, $p < 0.01$) and patients on LMWH only more often had NSTEMI: 65% vs 55% (UFH) and 50% (UFH+LMWH), $p < 0.01$). Major bleeding was found in 6.3% (UFH), 2.3% (LMWH) and 2.7% (UFH+LMWH) ($p < 0.02$). Blood transfusion was used in 10% (UFH), 4.8% (LMWH) and 4.3% (UFH+LMWH) ($p < 0.01$). After x-variate adjustment, compared with UFH only, the need for transfusion was significantly lower ($p < 0.03$) for LMWH OR=0.45 (95% CI: 0.25-0.85) and for UFH+LMWH OR=0.44 (0.19-1.01) and major bleeding was also reduced (OR=0.39; 95% CI: 0.17-0.89, for LMWH and OR=0.47; 95% CI: 0.17-1.31, for UFH+LMWH). Six-month survival was 73% for UFH, 85% for LMWH and 82% for UFH+LMH ($p < 0.001$, Figure). Using Cox x-variate analysis, use of LMWH remained associated with improved 6-month survival: OR=0.65 (95% CI: 0.46-0.92) for LMWH alone, and OR=0.69 (95% CI: 0.45-1.05) for UFH+LMWH, in comparison with UFH alone. Conclusion: in a "real world" population hospitalised for AMI, the use of LMWH was associated with a reduced risk of bleeding complications and improved survival.

