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Invasive Versus Conservative Strategy in Elderly Patients With Non–ST-Segment Elevation Myocardial Infarction: A Meta-analysis of Randomized Controlled Trials

Mahmoud Khalil

Muhammad H. Maqsood

Mir B. Basir

Marwan Saad

George Yassa

See next page for additional authors

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Authors

Mahmoud Khalil, Muhammad H. Maqsood, Mir B. Basir, Marwan Saad, George Yassa, Laila Hakam, Bassam Hennawy, Shehad El Etriby, Santiago Garcia, Emmanouil Brilakis, Khaldoon Alaswad, and Michael Megaly

0.985. When compared with the CHADS₂-P2A2RC score (C-index 0.646, 95% CI 0.628-0.663), however, the PRECISE-DAPT score (C-index 0.707, 95% CI 0.690-0.723), tended to be superior in terms of the discriminant ability for bleeding outcomes with *P* for comparison = 0.067.

CONCLUSION Our analysis suggests that the use of the PRECISE-DAPT score can accurately identify those patients with a high likelihood of major bleeding and ischemic events, which may help physicians balance the benefits and risks of selecting the most appropriate antiplatelet regimen.

CATEGORIES CORONARY: Pharmacology/Pharmacotherapy

NON-STEMI REVASCUARIZATION STRATEGIES

Abstract nos: 6-12

TCT-6

An Updated Meta-analysis of the Timing of Coronary Angiography Following Out-of-Hospital Cardiac Arrest in Patients Without ST-Segment Elevation



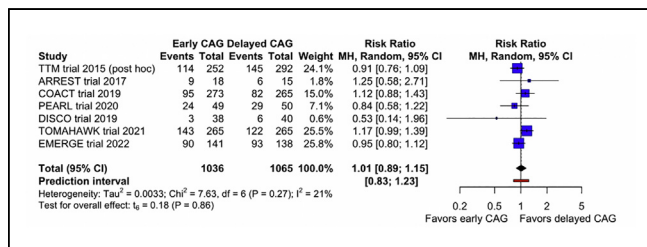
Ahmad Al-Abdoh,¹ Mohammed Mhanna,² Wael Abusnina,³ Ahmad Jabri,⁴ Mahmoud Barbarawi,⁵ Taqwa Alabdudh,⁶ Hossam Alzu'bi,⁷ Anan Abu Rmilah,⁷ Mostafa Mostafa,⁸ Firas Alkhalaleh,⁹ Timir Paul¹⁰

¹University of Kentucky, Lexington, Kentucky, USA; ²University of Toledo, Toledo, Ohio, USA; ³Creighton University, Omaha, Nebraska, USA; ⁴Metrohealth, Cleveland, Ohio, USA; ⁵University of Connecticut, Bristol, Connecticut, USA; ⁶Yarmouk University, Irbid, Jordan; ⁷Mayo Clinic, Rochester, Minnesota, USA; ⁸Rochester Regional/Unity Hospital, Rochester, New York, USA; ⁹Cleveland Clinic Fairview, Cleveland, Ohio, USA; ¹⁰University of Tennessee at Nashville, Brentwood, Tennessee, USA

BACKGROUND Out-of-hospital cardiac arrest (OHCA) is one of the leading causes of mortality in the United States. There is uncertainty regarding the role of early coronary angiography (CAG) in managing OHCA in patients without ST-segment elevation myocardial infarction (STEMI)

METHODS We aimed to perform a meta-analysis of randomized controlled trials (RCTs) to compare early CAG with delayed CAG in OHCA patients without STEMI. PubMed, Cochrane, and ClinicalTrials.gov databases were systematically searched (from inception to June 2022) for trials comparing early CAG with delayed CAG in OHCA patients without STEMI. We used the Mantel-Haenszel method with Paule-Mandel (PM) estimator of tau² and Hartung-Knapp-Sidik-Jonkmanthe adjustment to estimate the risk ratio (RR) with 95% confidence interval (CI). We used R version 4.0.3 to perform the forest plots.

RESULTS A total of 7 RCTs with 2,101 patients were included in this study; 1,036 underwent early CAG, and 1,035 underwent delayed CAG. There was no significant difference between early and delayed CAG in terms of 30-day all-cause mortality (RR 1.01, 95% CI 0.89-1.15; *P* = 0.86; *I*² = 21%) (Figure), neurological status (CPC ≤2) (RR 0.97, 95% CI 0.89-1.05; *P* = 0.32; *I*² = 0%), and rate of percutaneous coronary intervention following CAG (RR 1.03, 95% CI 0.81-1.30; *P* = 0.80; *I*² = 34%).



CONCLUSION In patients with OHCA without STEMI, early CAG was not associated with decreased 30-day mortality or better neurological outcome when compared with patients who underwent delayed CAG.

CATEGORIES CORONARY: Acute Myocardial Infarction

TCT-7

Invasive Versus Conservative Strategy in Elderly Patients With Non-ST-Segment Elevation Myocardial Infarction: A Meta-analysis of Randomized Controlled Trials



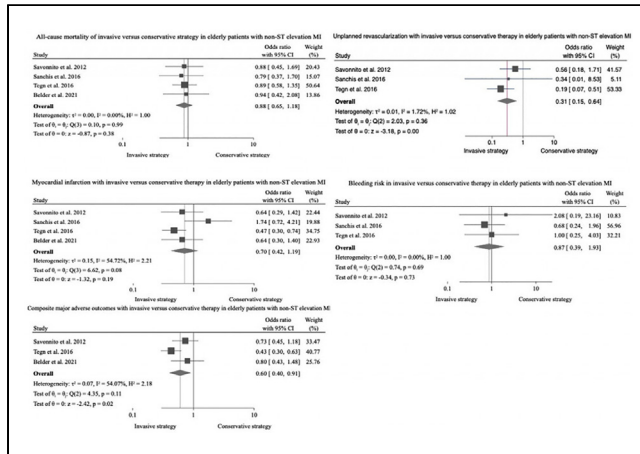
Mahmoud Khalil,¹ Muhammad Haisum Maqsood,¹ Mir Basir,² Marwan Saad,³ George Yassa,⁴ Laila Hakam,⁵ Bassam Hennawy,⁶ Shehab El Etribry,⁷ Santiago Garcia,⁸ Emmanouil Brilakis,⁹ Khaldoon Alaswad,² Michael Megaly¹⁰

¹Lincoln Medical Center, Bronx, New York, USA; ²Henry Ford Hospital, Detroit, Michigan, USA; ³Brown University, Providence, Rhode Island, USA; ⁴Ascension Macomb-Oakland Hospital, Warren, Michigan, USA; ⁵Mercy St Vincent Hospital, Perrysburg, Ohio, USA; ⁶Faculty of Medicine, Ain Shams University, Cairo, Egypt; ⁷Ain Shams University, Cairo, Egypt; ⁸Christ Hospital, Cincinnati, Ohio, USA; ⁹Minneapolis Heart Institute, Minneapolis, Minnesota, USA; ¹⁰Willis Knighton Heart Institute, Shreveport, Louisiana, USA

BACKGROUND Management of non-ST-segment elevation myocardial infarction (NSTEMI) has evolved over the years, but most published data are from younger patients. Data on the NSTEMI management in elderly patients remains limited.

METHODS We performed a meta-analysis of randomized controlled trials (RCTs) to evaluate the long-term outcomes of invasive vs conservative strategies in elderly patients with NSTEMI.

RESULTS Of 1,550 reports searched, 4 RCTs (1,126 patients) were included in the analysis with a median follow-up of 1.25 years (range: 1 to 2.5 years). The median age of included patients was 83.6 (IQR 2.8 years). The invasive strategy was associated with significantly lower risk of major adverse cardiac and cerebrovascular event (MACCE) [OR 0.60 (95% CI 0.40-0.91); *I*² = 54%; 3 trials] and unplanned revascularization [OR 0.31 (95% CI 0.15-0.64); *I*² = 1.7%; 3 trials] compared with the conservative strategy. There was no difference in all-cause mortality [OR = 0.88 (95% CI 0.65-1.18); *I*² = 0%; 4 trials], myocardial infarction (MI) [OR = 0.70 (95% CI 0.42-1.19); *I*² = 54.7%; 4 trials], or bleeding [OR = 0.87 (95% CI 0.39-1.93); *I*² = 0%; 3 trials] between both strategies.



CONCLUSION The use of initial invasive strategy in elderly patients presenting with NSTEMI was associated with a significantly lower risk of MACCE and unplanned revascularization compared with the initial conservative strategy without increased bleeding.

CATEGORIES CORONARY: Acute Coronary Syndromes

TCT-8

Frequency, Predictors, and Impact of Acute Coronary Occlusion in Patients With Out-of-Hospital Cardiac Arrest and Non-ST-Segment Elevation



Alessandro Spirito,¹ Lukas Vaisnora,² Athanasios Papadis,² Fortunato Iacovelli,³ Celestino Sardu,⁴ Alexandra Selberg,⁵ Sarah Bär,⁶ Raminta Kavaliauskaite,⁷ Fabrice Temperli,² Thomas Pilgrim,² Lukas Hunziker,⁸ Dik Heg,⁹ Stephan Windecker,¹⁰ Lorenz Raber,⁸ Icahn School of Medicine at Mount Sinai, New York, New York, USA; ²Bern University Hospital, Bern, Switzerland; ³Azienda Ospedaliero-Universitaria Consorziale Policlinico di Bari, Bari, Italy; ⁴Università degli Studi della Campania, Naples, Caserta, Italy; ⁵Mount Sinai, New