DECREASED IN-HOSPITAL MORTALITY IN HYPERTENSIVE PATIENTS UNDERGOING STEMI: IS HYPERTENSION TO BE ENCOURAGED?

Poster Contributions
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Background: While traditional severity indices note the negative prognostic value of hypotension in patients with ST elevation myocardial infarction ( STEMI), little mention has been made of the protective implications of hypertension in this setting. We studied whether the presence of hypertension improves outcomes in patients with STEMI undergoing coronary angiography.

Methods: We evaluated consecutive patients referred for primary angioplasty who were included in a prospective longitudinal registry. Patients were divided into 3 groups: Group 1= MAP 100 mm hg. Cox regression analysis was performed to determine which variables were associated with a lower 30 day mortality.

Results: A total of 309 patients were examined. The baseline variables and outcome for the 3 groups are depicted in the table. Cox regression analysis demonstrated that a MAP > 100 mm hg was associated with a significantly lower likelihood for dying at 30 days.

Conclusions: Our study demonstrates that in our population of patients undergoing revascularization for STEMI, a favorable prognosis is associated with elevated blood pressures in the acute setting. These findings argue in favor of permissive hypertension in patients with STEMI undergoing primary PCI.