



ACC.15

TCT@ACC-12 | innovation in intervention

A29
JACC March 17, 2015
Volume 65, Issue 10S

Acute Coronary Syndromes

CHARACTERISTICS AND OUTCOMES OF MEDICALLY MANAGED PATIENTS WITH NON-ST-SEGMENT ELEVATION ACUTE CORONARY SYNDROMES: INSIGHTS FROM THE MULTINATIONAL EPICOR ASIA STUDY

Poster Contributions

Poster Hall B1

Saturday, March 14, 2015, 10:00 a.m.-10:45 a.m.

Session Title: Epidemiology of ACS Events: Of Comorbidity and Long Term Trends

Abstract Category: 2. Acute Coronary Syndromes: Clinical

Presentation Number: 1104-056

Authors: *Chee Tang Chin, Stephen W-L. Lee, Jitendra P.S. Sawhney, Tiong K. Ong, Hyo-Soo Kim, Angeles Alonso Garcia, Héctor Bueno, Rungroj Krittayaphong, Stuart J. Pocock, Vo T. Nhan, Ana Vega, Huo Yong, National Heart Centre, Singapore, Singapore*

Background: Many NSTEMACS patients are medically managed without coronary revascularization. The reasons vary and may impact prognosis.

Methods: EPICOR Asia (NCT01361386) is a prospective study of hospital survivors post ACS enrolled in 219 hospitals from 8 countries/regions in Asia (06/2011-05/2012). All medically managed NSTEMACS patients in EPICOR Asia were classified into 3 groups: 1) no coronary angiography (CAG-); 2) non-significant coronary artery disease (CAD) on angiogram (CAG+ CAD-); and 3) significant CAD (CAG+ CAD+). We compared baseline differences between groups, and report 1-y mortality rates.

Results: Of 6,164 NSTEMACS patients, 2,272 (37%) were medically managed only, with 1,339 (59%), 254 (11%) and 679 (30%) patients in the CAG-, CAG+ CAD-, and CAG+ CAD+ groups, respectively. There were marked differences in number of NSTEMACS patients medically managed among the 8 countries/regions (13-81%). Between-group differences were seen in baseline characteristics (Table). CAG+ CAD- patients were younger with fewer CV risk factors than CAG+ CAD+. CAG- patients were older, more likely with known CV disease, more frequently admitted to hospitals with no cath lab, and had the highest 1-y mortality (6.9% versus 3.3% for EPICOR Asia overall).

Conclusion: NSTEMACS patients who are medically managed are a heterogeneous group with different clinical features and outcomes e.g. mortality risk. The factors underlying different management strategies, and to improve prognosis, need to be identified.

	CAG-	CAG+ CAD-	CAG+ CAD+	<i>p</i> [†]
n, (%)	1339 (59)	254 (11)	679 (30)	–
Age, mean (SD), years	65 (12)	59 (12)	62 (11)	<0.001
Age ≥75 years, %	24	12	12	<0.001
Male, %	62	63	69	0.008
Hypertension, %	65	53	66	<0.001
Hypercholesterolemia, %	21	20	21	0.84
Diabetes, %	29	26	33	0.039
Family history of CAD, %	9	8	10	0.49
Obesity, %	7	7	5	0.39
Current smoker, %	22	17	24	0.23
Previous CVD, %	43	31	40	0.001
No cath lab, %	11	0	<1	<0.001
1-year mortality, %	6.9	2.4	4.0	0.002

[†]Chi-square test. CAD, coronary artery disease; CVD, cardiovascular disease; SD, standard deviation