Background: Renal insufficiency (RI) is an established predictor of long-term outcome in patients with coronary artery disease. The impact of RI on short-term outcomes following hospitalization for an acute coronary syndrome (ACS) remains unknown. We sought to investigate whether RI at the time of presentation with an ACS predicted clinical events at 30 days. Methods: Using an interventional registry database, 504 patients presenting with an ACS were grouped into one of four categories based on creatinine clearance (CrCl) in m/l/min: <90, 60-90, 30-60, and <30. Patient outcomes were recorded at 30 days and 1 year. Results: Using a test of trend and homogeneity, we observed an exponential rise in the risk of death and MI at 30 days for each decrement in renal function ($R^2=32$, $p<0.0001$). Patients were then divided into two groups classified as normal CrCl (CrCl>60) or RI (CrCl<60). When compared to normals, patients with renal insufficiency suffered a 5-fold excess of death or MI at 30 days (OR 5.23, 95% CI 2.57-10.68, $p<0.0001$). Conclusion: The prevalence and impact of RI is therefore equal to, or greater than, many of the commonly utilized biomarkers for risk assessment in ACS. This suggests that the presence of RI should weigh heavily in the overall risk assessment of ACS patients.

Event | Bivalirudin (n=745) | Heparin (n=680) | OR | 95% CI |
--- | --- | --- | --- | --- |
Death, MI, Revascularization or Major Hemorrhage | 47 (6.3%) | 72 (10.6%) | 0.39 | 0.21-0.73 |
Hemorrhage | 57 | 0.83 | 0.63 | 0.38-1.05 |
Death or MI | 22 (3.0%) | 30 (4.4%) | 0.64 | 0.35-1.15 |
Revascularization | 14 (1.8%) | 18 (2.6%) | 0.35 | 0.18-0.72 |
Major Hemorrhage | 19 (2.6%) | 37 (5.4%) | 0.42 | 0.22-0.78 |

Gender-Specific Risk Factors for Thromboembolic Stroke With Acute Myocardial Infarction

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Background: Risk factors for nonhemorrhagic-cerebrovascular accidents (NHCVAs) in the setting of myocardial infarction (MI) have been described. To date no study has evaluated gender-specific risk factors for NHVCA. Methods: Analysis of the National Registry of Myocardial Infarction (NRI) 3/4 dataset suggests that women are 64% more likely to suffer NHVCA with MI than are men. This difference persists despite controlling for 27 variables using a multivariate model (OR for women vs. men 1.431, 95% CI 1.285-1.593). We analyzed records of 257,837 male and 197,865 female patients with MI found in the NRI 3/4 dataset. Of these 937 males (0.398%) and 1250 females (0.638%) suffered NHVCA. Females with NHVCA were significantly more likely to be older, have a