PROCEDURAL AND IN-HOSPITAL COMPLICATIONS, TIME FROM PRESENTATION TO INVASIVE TREATMENT AND LENGTH OF HOSPITAL STAY IN FRAIL VERSUS NON-FRAIL OLDER (≥75 YEARS) PATIENTS WITH NON ST ELEVATION ACUTE CORONARY SYNDROME

Poster Contributions
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Background: Frailty is a predictor of major adverse cardiovascular (CV) outcomes in older patients with Acute Coronary Syndrome (ACS). Mainstay of ACS management involves coronary angiography and or angioplasty. The impact of frailty on procedural and in-hospital complications of contemporary invasive treatment and pharmacotherapy is not known. The aim of this study is to evaluate the role of frailty in influencing the timing of invasive treatment, duration of hospitalisation and the rate of procedural and in-hospital complications of ≥75 year old patients with non ST elevation ACS (NISTEACS).

Methods: 184 consecutive patients (≥75 years) with NSTEACS managed by coronary angiography and or percutaneous coronary intervention in a tertiary cardiac centre were recruited into an ongoing study (ICON1-A Study to Improve Cardiovascular Outcomes in High Risk Patients with Acute Coronary Syndrome). Frailty status was assessed by Fried (Cardiovascular Health Study) frailty assessment tool. Procedural complications (coronary dissection, coronary perforation, access site complications) and in hospital major adverse events (stroke, bleeding requiring blood transfusion, death) were recorded.

Results: The mean age was 81.7 years (standard deviation [SD] 4.2). 42.4% were females. 33.2 % of patients were frail. The rate of coronary intervention between frail vs. non-frail groups were 90.2% vs. 87.8% (p=0.418). The rate of procedural complications between the two groups were 3.3% in frail vs. 5.7% in non-frail (p=0.377) and 8.2% vs. 3.3% (p=0.136) for in-hospital complications respectively. The mean days from presentation to invasive treatment was 6.2 (SD 3.9) vs. 5.4 (SD 2.9, p=0.111) and length of hospital stay was 8.0 (SD 4.9) and 6.7 (SD 3.1, p=0.031) in frail vs. non-frail patients.

Conclusion: The rate of procedural and in-hospital complications of frail older (≥ 75 years) patients was not significantly different from the non-frail patients. Though time from presentation to invasive treatment was similar between the two groups, frail patients stayed longer in hospital. Frail patients can safely undergo percutaneous coronary intervention with similar complication rates to that of non-frail patients.