because of misdiagnosis, late presentation or spontaneous reperfusion. Management of STEMI has evolved considerably worldwide during the past two decades.

Aim: To describe the change over time of reperfusion strategy in STEMI pts among the population of MIRAMI registry.

Methods: A total of 1318 pts admitted for AMI between January 1995 and December 2010 were included in our MIRAMI (MonastIR Acute Myocardial Infarction) registry. We evaluated the change over time of each treatment strategy during the mentioned study.

The proportion of pts receiving a reperfusion therapy was fluctuating but relatively stable during the last 16 years ranging from 45.2% in 1995 to 58.2% in 2010 with a peak of 74.2% in 2001. From 1995 to 2000, reperfusion was almost exclusively performed by thrombolyosis whereas a dramatic increase of the use of PAMI was observed between 2000 and 2005 followed by a decrease in favor of the use of thrombolyosis during the following 5 years probably due to an increase of the use of prehospital thrombolyosis that ranged from 14.3% in 2001 to 84% in 2009 among the thrombolyosed pts.

Conclusion: In our MIRAMI Registry, the rate of reperfusion therapy was relatively stable over the 16 year-period of the study. Over all, thrombolyosis was more frequently used than angioplasty except for the period between 2000 and 2005. The most frequently recent use of thrombolyosis over angioplasty was presumably due to an increase of its use in the ambulance.

047

What are the predictors of not receiving a reperfusion therapy in STEMI patients?


Background: The standard of care for ST-segment elevation myocardial infarction (STEMI) is prompt coronary reperfusion with primary percutaneous coronary intervention or thrombolysis.

However, a substantial number of patients (pts) with myocardial infarction receive only conservative medical management.

The aim of the present study was to examine predictive factors of not receiving reperfusion therapy among STEMI pts.

Methods and Results: From January 1995 to December 2010, the MIRAMI Registry enrolled 1318 patients admitted for STEMI. Multivariate analysis was performed to determine predictors of not receiving reperfusion therapy. Two hundred eighty nine patients were excluded from this analysis because of lacking data. The remaining 1029 pts were considered for this analysis with 360 (35%) that received a reperfusion therapy and 669 (56%) that were treated conservatively. Multivariate analysis identified only three independent predictors for not receiving a reperfusion therapy: age ≥75 years (p=0.004), time to hospital admission >6 hours from the onset of symptoms (p<0.001) and night (from 08:00 PM to 08:00 AM) occurrence (p=0.004).

Conclusions: More than half of the population of this study did not receive a reperfusion therapy. Elderly, female patients, late presenters and patients who present at night are more likely to not receive a reperfusion therapy.

Results:

<table>
<thead>
<tr>
<th>P</th>
<th>CI</th>
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<tbody>
<tr>
<td>Age</td>
<td>0.004</td>
</tr>
<tr>
<td>Hospital admission=6 hours</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Night occurrence</td>
<td>0.004</td>
</tr>
<tr>
<td>Female sex</td>
<td>0.059</td>
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<tr>
<td>Serum creatinin=150 μmol/l</td>
<td>0.936</td>
</tr>
</tbody>
</table>

048

Antiplatelet therapy monitoring in elderly patients with unstable coronary artery disease: discordance between high post-treatment platelet reactivity, adequate response to clopidogrel and impaired CI

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Objectives and background: Specific data about clopidogrel response in elderly patients are lacking. The present study was performed to compare platelet reactivity and clopidogrel response between elderly patients (>75 yrs) and younger patients (<75 yrs) undergoing Percutaneous Coronary Intervention (PCI) for Non ST segment Elevation Acute Coronary Syndrome (NSTEMI ACS).

Methods: 689 patients were enrolled, including 162 elderly and 527 younger patients. All patients received loading dose of 600 mg of clopidogrel followed by 150 mg daily. Post-treatment platelet reactivity was assessed by ADP 10 μmol/L-induced platelet aggregation (ADP-Ag) and specific pharmacological response to clopidogrel by the Platelet Reactivity Index VASP (PRI VASP). High Post-treatment platelet Reactivity (HPR) was defined as ADP-Ag >70%. Clinical events were recorded during one month Follow-Up (FU).

Results: Elderly patients had a higher rate of both ischemic and bleeding complications (p=0.04 and 0.03 respectively). Post-treatment platelet reactivity in response to both loading and maintenance clopidogrel doses was higher in elderly than in younger patients: 50±17% vs. 45±17%, p=0.002; and 57±15% vs. 53±16%, p=0.0005, respectively. The rate of HPR was significantly higher in elderly patients after 600 mg and 150 mg: 14% vs. 9%, p=0.04; and 23% vs. 15%, p=0.02, respectively. Conversely, pharmacological response to clopidogrel was not impaired in elderly patients after loading and maintenance doses: 43±21% vs. 46±21%, p=0.17 and 38±18% vs. 39±18, p=0.55, respectively.

Conclusion: Elderly patients have an impaired prognosis after ACS. They display higher post-treatment platelet reactivity. However, this higher platelet reactivity does not seem to be related to impaired specific response to clopidogrel.

049

Invasive detection of myocardial microvascular disease in patients with end stage renal disease. The MICROCARD study

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Cardiovascular diseases are the leading cause of mortality in patients with end stage renal disease (ESRD). A positive non invasive test for myocardial