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Volume 65, Issue 10S Acute Coronary Syndromes**MORTALITY RATES FROM ACUTE CORONARY SYNDROME IN OCTOGENARIAN PATIENTS IN ISRAEL DURING THE PERIOD 2000-2006 COMPARED TO 2008-2013**

Poster Contributions

Poster Hall B1

Saturday, March 14, 2015, 3:45 p.m.-4:30 p.m.

Session Title: Insights from Subgroups: Age, Gender and Diabetes

Abstract Category: 2. Acute Coronary Syndromes: Clinical

Presentation Number: 1138-057

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**Background:** Few data are available regarding the outcome of octogenarians with acute coronary syndrome (ACS).

**Methods:** We evaluated 30-day and 1-year clinical outcome of 1477 patients  $\geq 80$  years old (mean age  $85\pm 4$ , females 43%) from the Acute Coronary Syndrome Israel Survey (ACSIS), by analyzing data from ACS patients hospitalized in all coronary care units in Israel during two-month periods/year during the period 2000 to 2006 ("early period",  $n=1033$ ) and compared to the period of 2008 to 2013 ("late period",  $n=444$ ).

**Results:** In the late compared to the early period octogenarian patients were older ( $85\pm 4$  vs  $84\pm 4$  years;  $p<0.01$ ), had more prior myocardial infarctions (MI) (41% vs 36%,  $p<0.02$ ), percutaneous coronary interventions (PCI) (37% vs 16%,  $p<0.01$ ) and prior chronic renal disease (30% vs 24%,  $p<0.01$ ). Time from chest pain to hospitalization and PCI were similar in both groups. Significantly more patients in the late period underwent PCI compared to the early period (94% vs 55%,  $p<0.01$ ), received more dual antiplatelet therapy (84% vs 42%,  $p<0.01$ ), beta blockers (80% vs 67%,  $p<0.01$ ), angiotensin-converting enzyme inhibitors (74% vs 69%,  $p<0.02$ ) and statins (91% vs 53%,  $p<0.01$ ). Mean hospital duration was significantly higher in patients from early compared to the late period ( $8\pm 7$  vs  $7\pm 6$  days,  $p<0.01$ ). In-hospital, 7-day-, 30-day- and 1-year mortality rate were significantly higher in ACS octogenarians from the early compared to the late period (12% vs 8%,  $p<0.02$ ; 11% vs 8%,  $p<0.05$ ; 17% vs 14%,  $p<0.07$ ; 32% vs 27%,  $p<0.05$ ; respectively). Major adverse CV events (30-day mortality, hospitalization for unstable angina, MI) were also significantly more frequent in those from the early compared to the late group (31% vs 21%,  $p<0.01$ ). Multivariate Cox regression analysis demonstrated better 1-year survival in octogenarians with ACS from the late compared to the early period with HR 1.17, 95% CI 0.87 to 1.57 ( $p=0.03$ ).

**Conclusion:** In-hospital, 30-day and 1-year survival rates of ACS octogenarian patients in Israel during the period 2008 to 2013 significantly improved compared to those in the earlier period between year 2000 to 2006.