There was no difference in the prevalence of thrombogenic disorders among the survivors of MI according to the presence of normal or diseased coronary arteries.

**Conclusion:** There is a relatively high prevalence of hereditary thrombogenic disorders in pts who suffered a MI 335 years, and this may contribute to the pathogenesis of MI in young pts.

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**Is Age Related to Platelet Activity in Patients Presenting With Acute Coronary Syndromes?**

Paul A. Gurbal, E. Magnus Ohman, Matthew T. Roe, Raymond D. Sahr, W. Brian Gibor, Victor L. Gerebtzoff, for the EARLY Trial Investigators. Sinae Hospital, Baltimore, Maryland; Duke University, Durham, North Carolina.

**BACKGROUND:** Bleeding is a major risk of pharmacologic strategies to treat acute coronary syndromes (ACS) and is increased in the elderly. This risk may be related to an age-dependent reduction in platelet activity. METHODS: Baseline platelet function and flow cytometry with monoclonal antibodies directed against multiple surface receptors were investigated in a substudy of the EARLY Trial (n=59) that treated patients presenting to the Emergency Department with early or late (12-24 hours) STEMI. RESULTS: A significant negative correlation was observed between age and indicators of platelet activity: PAC-1 expression, a marker of Gp IIb/IIIa activity, fell as age increased (r = -0.250) and platelet aggregation to ADP was also lower in the elderly (r = -0.593, see figure). CONCLUSION: At presentation to the Emergency Department with acute coronary syndromes, older patients have lower platelet activity. The age-dependent increase in bleeding risk in the elderly may be related to reduced platelet activity as compared to younger patients. Monitoring of platelet function may lessen the bleeding risks in ACS treatment by appropriate adjustment of platelet inhibition.

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**Sustained Reduction in Coagulation Activity During Long-Term Dalteparin Treatment in Unstable Coronary Artery Disease**


**Background:** Short-term treatment with low molecular mass heparin is known to reduce coagulation activity. We have investigated the influence on markers of coagulation activity by long-term treatment with dalteparin, a low molecular mass heparin, in patients with unstable coronary artery disease (CAD).

**Methods:** Coagulation activity was monitored in 552 out of the 2027 patients with unstable CAD in the Scandinavian multicenter study FRISC II. All patients were treated with subcutaneous dalteparin 120 IU/kg twice daily for 5-7 days and then randomised to placebo (n=275) or long-term treatment with dalteparin (n=237) for 3 months. Women who were overweight or above these weight limits the dalteparin dose was 7,500 IU twice daily during long-term treatment. Prothrombin fragment 1+2 (F1+2) and D-dimer were analysed during in-hospital (0-6 months) and at 3 months follow-up. Data are medians with Mann Whitney test.

**Results:** There was a sustained reduction of coagulation activity, as indicated by lower levels of F1+2 and D-dimer, during long-term treatment with dalteparin as compared to placebo. A significantly higher coagulation activity was seen at follow-up 3 months after termination of long-term dalteparin treatment, whereas coagulation activity was unchanged at follow-up in the placebo group.

**Conclusion:** Elevated levels of homocysteine in AMI patients are associated with a higher incidence of re-hospitalization for recurrent coronary events (38% vs. 17%, p=0.04) and a higher mortality rate (18% vs 5%, p<0.02).

**POSTER SESSION 1194 Outcome Studies in Patients With Coronary Artery Bypass Grafting**

Tuesday, March 19, 2002, 3:00 p.m.-5:00 p.m. Georgia World Congress Center, Hall G Presentation Hour: 4:00 p.m.-5:00 p.m.

**1194-39 Predictors of Emergency Coronary Artery Bypass Grafting in Percutaneous Coronary Interventions**

Narayan Seshadri, Nevin Ashora, Penny Houghailing, Eugene Blackstone, Stephen G. Ellis, Patrick L. Whitlow, Cleveland Clinic Foundation, Cleveland, Ohio.

**Background and Aim:** Advances in interventional cardiology have resulted in a decreased need for emergency coronary artery bypass grafting (EMCABG) following percutaneous coronary interventions (PCI). We sought to determine the current prevalence and predictors of EMCABG.

**Methods:** A retrospective review of all PCIs performed for a 4-year period between 1/2/1997 and 12/29/2000 at our institution. Multivariable logistic regression modeling was performed to determine predictors of EMCABG.

**Results:** There were 9850 PCI procedures performed (mean age 64 ± 12 years, 2575 F, 7275 M, JACC March 6, 2002.