TRENDS OVER TIME IN ADVERSE EVENTS AFTER ACUTE CORONARY SYNDROME AMONG YOUNG WOMEN

ACC Moderated Poster Contributions
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Background: Prior studies have observed an increase in mortality among younger women after acute coronary syndrome (ACS); however, data on trends over time is scarce.

Methods: We examined data from 3,237 patients admitted to the University of Michigan Health System with an ACS event from January 1999 to December 2006. Women were grouped into a younger group < 55 years old and those > 55 years. Demographics, medications on admission, in-hospital management and outcomes as six-month were included in the analysis. The primary outcomes of interest were changes in rates of cardiac related rehospitalization, revascularization, recurrent myocardial infarction (MI) and death over time.

Results: Women under 55 years old represented 7.9% of the cohort. Compared to older women, younger women were more likely to be current smokers (p< 0.001), obese (p< 0.001), but had lower GRACE risk scores (both in-hospital and six-month) and were less like to have a prior history of cardiac disease, hypertension, or stroke. Younger women were less likely to receive lytic therapy or percutaneous coronary interventions. Upon discharge, younger women were less likely to receive beta blockers (p< 0.001), ace-inhibitors/ ARB (p<=0.001), lipid-lowering therapies (p< 0.001) or clopidogrel (p< 0.001) compared to older women. At six months, rates of death and stroke were lowest among younger women but showed no improvement over time, while mortality rates dropped almost 50% in older women. Rates of recurrent MI were similar to those of older women, with no change over time in either age group. Rates of revascularization were higher among young women compared to older women (p < 0.001). A non-significant decline was observed among younger women over time (38% to 34.2%) with an increase observed among older women over time (31% to 36%, p = ns).

Conclusion: In this registry of ACS patients, no improvement in mortality rates were observed for younger women over time; however, a trend in reduction of cardiac related rehospitalization was noted for younger women as opposed to increased rates for older women. Optimizing medical management may further decrease adverse events after ACS in all women.