



Acute Coronary Syndromes

PROGNOSTIC IMPACT OF MANAGEMENT IN PATIENTS WITH RENAL INSUFFICIENCY AND ACUTE CORONARY SYNDROME: FAST-MI 2010

Poster Contributions

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Background: There is excess mortality in patients(pts) with renal insufficiency (RI) and acute coronary syndrome (ACS) due to increased hemorrhagic & thrombotic risks. We evaluated the prognostic impact of management in pts with RI and ST or non-ST ACS in the FAST-MI 2010 registry.

Methods: FAST-MI is a nationwide French registry that included 4169 pts with AMI in 213 centres in 2010. Primary endpoint of this analysis was prognostic impact of management on in-hospital mortality.

Results: Of the 4169 pts included (61% NSTEMI, 39% STEMI, age 65±14 years), 475(11.3%) had severe RI (creatinine clearance (CrCl) ≤30 ml/min), and 1111(26.7%) had moderate RI (CrCl 30-60 ml/min). RI pts were older, more often diabetic and more often had a history of respiratory insufficiency, heart failure and anemia. RI pts also had higher GRACE score, longer time to treatment and higher Killip class. RI pts less frequently received aspirin (94.4 vs 97.3% in non-RI pts; p<0.0001), thienopyridines (97.1 vs 99.7%; p<0.0001), GPIIb/IIIa inhibitors (25.1 vs 42.6%; p=0.0001) and less often underwent coronary angioplasty in-hospital (68.5 vs 84.1%, p<0.0001). In-hospital course of RI pts showed higher rates of BARC bleeding events (10.2 vs 6.5% vs non-RI pts; p<0.0001); stent thrombosis (0.76 vs 0.35%; p=0.07); LV ejection fraction (LVEF)<40% (27 vs 14%; p<0.0001) and death (7.0% vs 0.54%; p<0.0001). In RI pts, multivariate analysis found LVEF<40% (OR 3.1, 95%CI [1.7-5.7]); STEMI (vs NSTEMI) (OR 4.67 [2.3-9.6]); Killip class >2 (OR 2.7 [1.4-5.4]); no thienopyridine (OR 3.5 [1.1-11.8]) and no revascularisation (OR 2.8 [1.5-5.2]) to be independent predictors of in-hospital mortality.

Conclusions: RI is associated with excess in-hospital mortality in patients with ACS. This is due to suboptimal management, notably insufficient rates of revascularisation and thienopyridine therapy. Greater compliance with guidelines could improve outcomes in this population.