

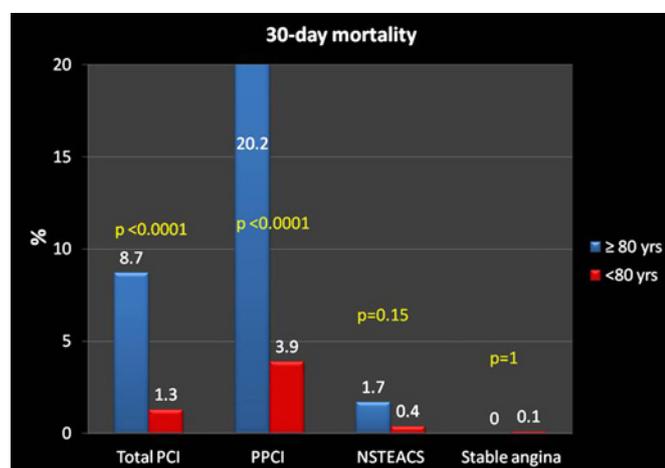
had PCI for non-ST elevation ACS (NSTEMACS) and 118 (29.4%) had PCI for stable angina. Of the 2530 patients in the younger cohort (<80 years) who had PCI, 765 (30.2%) had PPCI, 739 (29.2%) had PCI for NSTEMACS and 1026 (40.6%) had PCI for stable angina. The demographic and procedural data of octogenarians are compared with younger patients (Abstract 027 table 1). The clinical outcomes for octogenarians are shown in Abstract 027 table 2. The total 30-day mortality for patients aged ≥ 80 years was 8.7% compared with a mortality rate of 1.3% for those aged <80 years ($p < 0.0001$). This highly significant mortality difference related almost entirely to a fivefold higher mortality in patients aged ≥ 80 years undergoing PPCI compared with younger patients (Abstract 027 figure 1).

Abstract 027 Table 1

n (%)	≥ 80 years (n = 401)	<80 years (n = 2530)	p Value
Age (mean \pm SD)	84 \pm 4	63 \pm 10.2	<0.0001
Male	225 (56.1)	1917 (75.8)	<0.0001
Diabetes	70 (17.5)	402 (15.9)	0.38
Previous MI	135 (33.7)	599 (23.7)	<0.0001
Previous CABG	33 (8.2)	158 (6.2)	0.13
Previous PCI	55 (13.7)	488 (19.3)	0.007
LMS involvement ($\geq 75\%$ stenosis)	14 (3.5)	44 (1.7)	0.03
Single vessel PCI	303 (75.6)	2073 (81.9)	0.003
DES usage	196 (48.9)	1667 (65.9)	<0.0001

Abstract 027 Table 2

n (%)	Total PCI (n = 401)	PPCI for STEMI (n = 163)	PCI for NSTEMACS (n = 120)	PCI for stable angina (n = 118)
In-hospital mortality	25 (6.2)	24 (14.7)	1 (0.8)	0
30-day mortality	35 (8.7)	33 (20.2)	2 (1.7)	0
Major bleeding	13 (3.2)	6 (3.7)	6 (5)	1 (0.85)
Myocardial infarction	6 (1.5)	4 (2.5)	2 (1.7)	0
CVA	2 (0.5)	1 (0.61)	0	1 (0.85)



Abstract 027 Figure 1

Conclusion In this consecutive series from a high volume tertiary centre, patients aged ≥ 80 years undergoing PCI have 30-day mortality rates comparable with younger patients treated for stable angina or NSTEMACS. Further studies are required to refine treatment strategies in unselected patients aged ≥ 80 years undergoing PPCI for STEMI.

028 AGE RELATED MORTALITY OF PRIMARY PCI PATIENTS AT A HIGH VOLUME UK CARDIAC CENTRE

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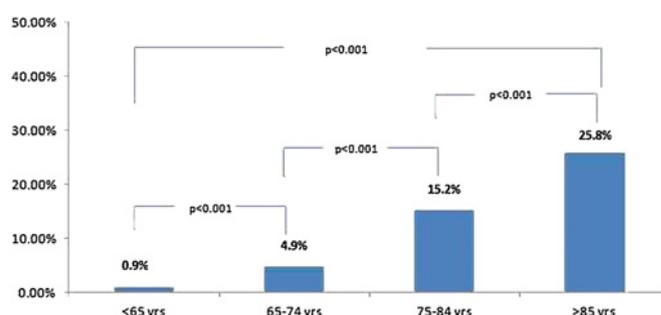
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Introduction Despite being the fastest growing population group, the elderly have usually been excluded from reperfusion clinical trials. We studied the difference in mortality in different age groups after primary percutaneous coronary intervention (PPCI) for ST elevation myocardial infarction (STEMI) at our high volume 24/7 cardiac centre.

Methods From the start of our PPCI service, there has been no age criteria to access the service. We collected data from our prospective cardiac database for the 24-months period between September 2009 and September 2011, with mortality provided by the summary care records.

Results There were 1322 PPCI procedures with an age range of 14–98 years (mean 65.3). 656 patients (50%) were under 65 years, 326 (25%) were 65–74, 243 (18%) were 75–84 and 97 (7%) were 85 years or over. The 30-day all-cause mortality rates are shown in the graph below.

Conclusions The data presented demonstrate a clear significant correlation between age and mortality following PPCI. For those patients aged under 65 years, the 30-day mortality following PPCI for STEMI is very low. There is then a stepwise increase in mortality with age. This report from a high volume centre adds to the sparse literature documenting outcome for the elderly following PPCI in an unselected “all-comer” real world population. It raises the issue of what the most appropriate treatment strategy should be in very elderly patients presenting with STEMI and warrants further investigation.



Abstract 028 Figure 1

029 MANAGEMENT AND OUTCOMES OF PATIENTS FOLLOWING OUT-OF-HOSPITAL CARDIAC ARREST

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Introduction Treatment of patients with out-of-hospital arrest (OOHA) is complex, may be time sensitive and depends on the coordinated actions of diverse healthcare providers. There are no clear guidelines for the management of these patients and there is a lack of outcome data for those presenting with cardiac causes. We reviewed the characteristics and outcomes of a series of patients with OOHA referred and accepted to a tertiary cardiac service.

Methods and Result Between January 2010 and October 2011, 76 pts with OOHA were accepted by our unit. Median age was 62 years (21–91) and 66% were male. The diagnosis of STEMI was made prior to the arrest in 38 pts (Gp 1) and emergency angiography