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CORRELATION BETWEEN CORONARY ARTERY LESION SEVERITY AND LONG-TERM CLINICAL OUTCOMES IN CHINESE HAN OCTOGENARIANS WITH ACUTE CORONARY SYNDROME

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Objectives There is little long-term outcome data regarding acute coronary syndrome (ACS) in Chinese Han octogenarians (>80 years old). Accordingly, we assessed the correlation between coronary artery lesion severity and long-term mortality in octogenarians with ACS.

Methods We classified 536 consecutive octogenarians with ACS based on the Gensini score into 4 groups: a control group (group 1), a group with Gensini score <20 (group 2), a group with Gensini score from 21 to 60 (group 3), and a group with Gensini score >61 (group 4). Survival and MACE rates were calculated using the Kaplan-Meier method. Multivariate Cox regression was used to identify mortality predictors.

Results There were 66 (12.3%), 141 (26.3%), 167 (31.2%) and 162 (30.2%) patients in groups 1, 2, 3 and 4, respectively. The average follow-up was 27.1 ± 16.0 months. Heart rate, systolic blood pressure (SBP), blood glucose level, e-GFR, morbidity from old myocardial infarction, smoking, ACS type, and GRACE score were the determinants of coronary artery lesion severity. Increasing coronary artery lesion severity was associated with increased long-term mortality and MACE rates. The overall long-term mortality rate was 9.1% and increased from 3.0% in group 1 to 16.7% in group 4. Age, gender, heart rate, SBP, chronic renal failure, e-GFR, GRACE score, Gensini score, and ACS type were the independent predictors of long-term mortality.

Conclusions Long-term mortality of octogenarians with ACS was associated with increased coronary artery lesion severity. Gender and chronic renal failure were the major risk factors for long-term mortality.