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COMPARISON OF CASE-MIX AND OUTCOMES FOLLOWING CORONARY ANGIOGRAPHY AMONG ELDERLY VERSUS YOUNGER PATIENTS: RETROSPECTIVE COHORT STUDY OF 1 YEAR OUTCOMES EXPERIENCED BY 106 857 PATIENTS TREATED BETWEEN 2001 AND 2009

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Introduction Elderly patients (aged >75) account for an increasing proportion of those requiring investigation and treatment for coronary arterial disease (CAD). The aim of this study was to describe the risk profiles of elderly patients undergoing coronary angiography, the extent of disease identified, periprocedural complications and subsequent rates of coronary revascularisation including follow-on PCI.

Methods The Scottish Coronary Revascularisation Register was used to undertake a retrospective cohort study of all 106 857 patients who underwent coronary angiography in Scotland between April 2001 and March 2009 inclusive.

Results The number and proportion of elderly patients (>75 years) undergoing coronary angiography increased from 693 (8.7%) in 2001 to 2190 (16.9%) in 2009. Among the elderly cohort, symptoms were more severe and disease more extensive compared to patients aged >75 years. Elderly patients were less likely to proceed

to revascularisation (adjusted OR 0.60, 95% CI 0.52 to –0.69, $p<0.001$), even in the presence of left main stem stenosis (adjusted OR 0.47, 95% CI 0.33 to –0.66, $p<0.001$). Peri-procedural complications following isolated angiography were infrequent irrespective of age. Overall, 1.6% of elderly patients suffered complications, compared with 1.4% of young patients. ($p=0.055$). Among those found to have no significant CAD the figures were 1.8% and 1.1% respectively ($p=0.001$).

Conclusions Coronary angiography is a safe procedure in the elderly. Nonetheless, the threshold for coronary angiography appears to be higher and, in spite of more severe symptoms and disease, they are less likely to progress to revascularisation.