PRESENTATION AND OUTCOME DIFFERENCES IN OLDER PATIENTS WITH PREEXISTING CORONARY ARTERY DISEASE ADMITTED WITH MYOCARDIAL INFARCTION

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BACKGROUND: Managing older patients who present with an MI is challenging. Older patients usually have more comorbidities putting them at higher risk of death however receive more conservative therapies.

OBJECTIVE: To explore the differences in clinical characteristics and outcomes in patients with pre-existing CAD admitted into UMMC with an MI who were below 65 years of age and those above 65 years of age.

METHODS: Retrospective, observational study of patients with pre-existing CAD admitted with MI in UMMC from September 2016 to January 2017. Patients were divided into 2 groups depending on age – below 65 years of age (Group I) or above 65 years of age (Group II).

RESULTS: 71 patients (53 males, 18 females) with a mean age of 64 years old were included. There were 16 (23%) STEMI and 55 (77%) NSTEMI cases. 16 (23%) patients had previous MI, 11 (15%) had previous CABG, 31 (44%) had previous angioplasty and 13 (18%) had non-revascularised CAD diagnosed on previous angiograms. There were 41 (58%) in Group I and 30 (42%) patients in Group II. The mean ages for Groups I and II were 57 and 75 years old respectively. Group I had lower rates of smoking (13% vs 39%), and lower total cholesterol (mean = 3.87 mmol/L vs 5.0 mmol/L) and LDL levels (mean = 2.0 mmol/L vs 3.1 mmol/L). Patients in the Group II were more likely to be diagnosed with an NSTEMI compared to Group I (90% vs 68%) and had higher 30-day mortality rates (27% vs 7%). There were no significant differences in rates of prehospital secondary prevention therapy, levels of serum creatinine at admission, HbA1, peak troponin, rates of acute kidney injury or haemodynamic parameters on admission.

CONCLUSION: Despite the younger patients having more diagnoses of STEMI, which usually has a worse prognosis, mortality rates were higher in the older patients. Older patients may have other comorbidities, treated conservatively and receive less evidence-based therapies due to bleeding or falls risks. More aggressive approaches that improve mortality rates have been shown to be safe in other studies and should be considered in older patients presenting with an MI.