

 MYOCARDIAL ISCHEMIA AND INFARCTION

MAJOR BLEEDING IS AN INDEPENDENT PREDICTOR OF ONE-YEAR POST-DISCHARGE MORTALITY IN PATIENTS WITH NON-ST-SEGMENT ELEVATION ACUTE CORONARY SYNDROMES

ACC Poster Contributions
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Background: Bleeding is common in NSTEMI patients. Although its association with short-term mortality is well described, less is known about its long-term impact.

Methods: Using the CRUSADE-CMS linkage database, we studied 32,097 NSTEMI patients aged ≥ 65 yrs who were discharged from 445 centers between 2/2003-12/2006, of whom 11.8% had in-hospital major bleeding (n=3796). Patients who died in-hospital and who underwent CABG were excluded. We compared baseline characteristics, antiplatelet therapy at discharge, and 1-yr mortality between patients with major bleeding vs those without. Adjusted hazard ratio (HR) for 1-yr mortality among bleeders vs non-bleeders was calculated.

Results: Patients who bled had more comorbid illnesses and higher risk for bleeding (median CRUSADE bleeding risk score: 52 vs 43, $p < 0.0001$). They were also more likely to receive antithrombotic medications ≤ 24 hrs from presentation, but use of discharge aspirin and clopidogrel was similar between the 2 groups. At 1 yr, unadjusted mortality was higher in those who had a major bleed vs not (30% vs 21.4%, $p < 0.001$), which persisted after adjustment for baseline factors (adjusted HR 1.14, 95% CI 1.07-1.22, $p < 0.001$) (Figure).

Conclusions: In-hospital major bleeding is an independent predictor of 1-yr mortality among hospital survivors, demonstrating a continued hazard over time. Further studies of the relationship between in-hospital major bleeding and long-term outcomes may provide insights into useful interventions.

