

MYOCARDIAL ISCHEMIA AND INFARCTION

APPLICATION OF THE TIMI RISK SCORE, A SIMPLE BEDSIDE TOOL, FOR TIMING OF DISCHARGE AFTER FIBRINOLYSIS OR PRIMARY ANGIOPLASTY FOR ST-ELEVATION MI IN THE EXTRACT-TIMI 25 AND TRITON-TIMI 38 TRIALS

ACC Poster Contributions
 Georgia World Congress Center, Hall B5
 Tuesday, March 16, 2010, 9:30 a.m.-10:30 a.m.

Session Title: Unstable Ischemic Syndrome/Outcomes & Novel Risk Modifiers
 Abstract Category: Unstable Ischemic Syndrome/Long-Term Outcome
 Presentation Number: 1265-278

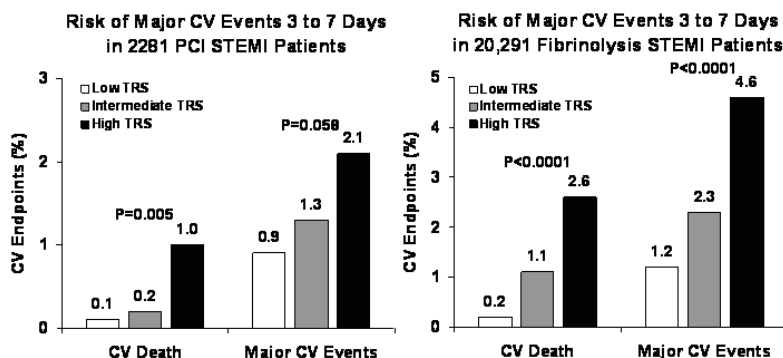
Authors: *Sean R. Wilson, Stephen D. Wiviott, Elliott M. Antman, Robert P. Giugliano, Sabina A. Murphy, Sarah Sloan, Eugene Braunwald, David A. Morrow, Brigham and Women's Hospital, Boston, MA*

Background: The TIMI risk score (TRS) for STEMI, a simple integer score, can be used at the bedside for risk stratification of pts presenting with STEMI. The ability to use a simple tool to identify a low-risk subset of pts for safe early hospital discharge would be desirable.

Methods: We investigated the relationship between TRS and early complications after STEMI in pts treated with fibrinolytic (N=20,291, ExTRACT-TIMI 25) and primary PCI (N=2281 w/ TRS, TRITON-TIMI 38). Pts were classified as low (TRS 0-2), moderate (TRS 3-4) and high (TRS ≥5) risk. The composite of major cardiovascular (CV) events included CV death, MI, severe heart failure and stroke.

Results: The median length of hospitalization in lytic and PCI pts was 7 and 5 days, respectively, with 5.1% and 37.7% of pts discharged by 3 days. In lytic pts free of events at 72h (N=18,630), 400 (2.2%) had an event by day 7 (TRS: low 1.2%, mod 2.3%, high 4.6%, p<0.0001, Figure). In these pts, TRS showed a strong relationship with each element of the composite, including CV death (p<0.0001). In PCI pts free of events at 72h (N=2238), 26 (1.2%) had an event by day 7 (TRS: low 0.9%, mod 1.3%, high 2.1%, p=0.058, Figure), and the TRS showed graded relationships with stroke (p=0.016) and CV death (p=0.005).

Conclusions: Using the TRS, we were able to effectively stratify the risk of fatal complications after 72hrs for STEMI pts treated with lytic or PCI. The TRS may be a practical clinical decision tool to identify very low risk pts who are candidates for early discharge after STEMI.



*Major cardiovascular (CV) events include CV death, MI, severe heart failure (HF) and stroke