



QUALITY OF CARE AND OUTCOMES ASSESSMENT

**MONEY LEFT OVER AT THE END OF THE MONTH AND OUTCOMES AFTER MYOCARDIAL INFARCTION**

ACC Poster Contributions  
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**Background:** Financial stress may impede recovery from myocardial infarction (MI), but the relationship is not well established.

**Methods:** PREMIER, a registry of MI patients hospitalized at 19 US hospitals between 2002-4, was used to examine the association of financial stress and 1-year readmission and 4-year mortality. Baseline interviews assessed if patients (n=2344) had some money left over at the end of the month (G1), just enough to make ends meet (G2), or not enough to make ends meet (G3). Cox Proportional hazards regressions were used to compare readmission and mortality between groups adjusting for patient and hospital characteristics

**Results:** Most patients had some money left over at month end (G1, 52.9%), with fewer indicating just enough (G2, 31.4%) or not enough (G3, 15.7%). Readmission rates were highest in G3 (52.8%), and successively lower in G2 (42.4%) and G1 (35.2%, P<0.001, Figure 1). A similar pattern was observed for mortality (G3 23.5%, G2 20.4%, G1 14.8%, P<0.001, Figure 1). Adjusting for patient factors identified a graded association between financial stress and readmission (G3 hazard ratio [HR] 1.52, 95% confidence interval [CI] 1.20-1.92, G2 HR 1.11, 95% CI 0.92-1.31, G1 HR 1.00 [referent]). Financial stress was not associated with mortality after multivariable adjustment (G3 HR 1.10, 95% CI 0.78-1.54; G2 HR 1.05 95% CI 0.81-1.38, G1 HR 1.00 [referent]).

**Conclusions:** Financial stress is associated with higher rates of readmission, but not mortality, in patients with MI.

