

Acute Coronary Syndromes

RENAL FAILURE BUT NOT DIABETES DETERMINES HOSPITAL MORTALITY IN PATIENTS WITH NSTEMI-ACS: RESULTS OF THE EURO HEART SURVEY ACS REGISTRY

Poster Contributions

Poster Sessions, Expo North

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Background: Patients with NSTEMI-ACS often have diabetes (Diab) and / or renal failure (RF). It is unclear if RF and Diab are independent predictors of hospital mortality in NSTEMI-ACS.

Methods: In 2006 to 2008, consecutive patients with ACS were enrolled into the EHS-ACS-Registry to document treatment and hospital outcome. We examined the impact of Diab and RF (GFR < 60ml/kg/min) on hospital outcome in patients with NSTEMI-ACS.

Results: Of all ACS, 12,833 presented with NSTEMI-ACS. Patients with RF were older and more often had concomitant diseases independent of the presence of Diab. In multivariate analysis, RF but not Diab predicted hospital mortality.

Conclusion: In patients with NSTEMI-ACS, RF outplayed Diab in the prediction of hospital mortality in NSTEMI-ACS and might be more important in risk stratification than Diab.

	Diab Æ RF Æ n=8487	Diab⊕ RFÆ n=3309	DiabÆ RF⊕ n=520	Diab⊕ RF⊕ n=517
Age (years)	67	71	78	75
Female Gender (%)	34.6	42.8	31.3	35.2
Prior MI (%)	26.0	33.9	42.0	52.0
Prior PCI (%)	15.2	21.4	25.9	30.7
Prior CABG (%)	5.4	8.5	11.8	15.3
Prior Stroke (%)	5.2	8.1	9.6	13.0
Killip 4 (%)	0.9	1.3	1.3	3.4
Multivessel disease (%)	64.1	72.6	75.3	85.0
Revascularisation Treatment				
PCI (%)	43.4	42.4	39.6	39.7
Hospital Outcome				
Death	2.7	3.2	7.9	8.3
MI	1.3	1.3	2.0	2.0
Stroke	0.4	0.5	0.5	0.6

