

**Acute and Stable Ischemic Heart Disease****PERCUTANEOUS CORONARY INTERVENTION (PCI) HAS BETTER PROGNOSIS THAN CONSERVATIVE TREATMENT IN PATIENT OVER 80 YEARS DURING NON ST-ELEVATION MYOCARDIAL INFARCTION (NSTEMI)**

Moderated Poster Contributions

Acute and Stable Ischemic Heart Disease Moderated Poster Theater, Poster Hall, Hall C
Friday, March 17, 2017, 10:45 a.m.-10:55 a.m.

Session Title: Post-CAD/MI: Making Tough Predictions About the Future

Abstract Category: 3. Acute and Stable Ischemic Heart Disease: Therapy

Presentation Number: 1138M-09

Authors: *Anwar J. Siddiqui, Peter Reinius, Filip Maskovic, Linda Melbin, Karolinska University Hospital, Huddinge, Stockholm, Sweden*

Background: Percutaneous coronary intervention (PCI) in patients over 80 years with non ST elevated myocardial infarction (NSTEMI) has poorly investigated. We sought to investigate whether NSTEMI patients over 80 years has better prognosis by PCI than conservative approach.

Methods: Total 17,935 patients over 80 years with NSTEMI registered during 2011-2014 in the Coronary Care Unit registry (RIKS-HIA, a part of the Swedish nationwide heart registry/ SWEDEHEART) were included in the analysis. Primary outcome was one- year mortality, re-infarct and bleeding.

Results: The sample is equally distributed between males (49.6%) and females (50.4%), mean age equal to 85.8 years. A total of 4,385 (24, 5%) patients were PCI treated while 13,550 (75.5%) were conservatively treated. One-year mortality rate (11.63% vs. 36.38%, $p < 0.001$) and adjusted Odds Ratio (0.38, 95% CI=0.34-0.42) was significantly lower in the PCI treated patients compared to conservative treatment after adjusting age, gender, left ventricular function, kidney function (by GFR), diabetes, stroke and myocardial infarction. Re-infarct incidence was higher in PCI treated group (1% vs 0.6%, $p=0.004$, crude OR =1.6, 95% CI=1.1-2.3) while there was no significant difference in bleeding complications (1.6% vs 1.9%, $p=0.263$, OR=0.8, 95% CI=0.6-1.1) between the groups.

Conclusions: PCI has better prognosis in patients over 80 years older than conservative treatment and we suggest PCI should be taken for consideration in NSTEMI in the absent of contraindications.