



## A NEW PROGNOSIS SCORE TO PREDICT MORTALITY IN PATIENTS OVER 75 YEARS OLD UNDERGOING PRIMARY ANGIOPLASTY IN CARDIOGENIC SHOCK

Poster Contributions

Poster Hall, Hall C

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**Background:** Patients over 75 years old presenting with ST elevated myocardial infarction in cardiogenic shock portend a very high risk of mortality. Prognostic predictors for these patients undergoing contemporary primary angioplasty are not well established.

**Methods:** This is a subanalysis of the nationwide database of primary angioplasty in the elderly (ESTROFA MI+75) with 3,576 patients included in 31 centers. Characteristics and outcomes of the subgroup of patients in cardiogenic shock were analyzed.

**Results:** A total of 332 patients were included in the analysis (9.3%), age  $81 \pm 4$  years, 39.5% women, 35.8% diabetics, 49% with anterior infarction, ejection fraction  $39 \pm 14\%$  and 34% with  $> 6$  hours since pain onset. The procedure was done through radial access in 27%, with bivalirudin in 7%, abciximab in 32%, thrombus aspiration in 54%, drug-eluting stent in 21% and intra-aortic balloon in 45%. Baseline independent predictors for mortality were anterior myocardial infarction (HR 2.8, 95% CI 1.4-6;  $p=0.005$ ), LVEF  $< 40\%$  (HR 2.3, 95% CI 1.14-4.5;  $p=0.018$ ) and time from symptoms onset to PCI  $> 6$  hours (HR 3.2, 95% CI 1.6-7.5;  $p=0.001$ ). A score was designed including these 3 factors (Score "6-ANT-40"), assigning 1 point for meeting each. Survival at 12 months was 54.5% for patients with Score 0, 32.3% for Score 1, 27.4% for Score 2 and 17% for Score 3 ( $p=0.004$ ).

**Conclusions:** In patients over 75 years referred for primary PCI with cardiogenic shock, baseline independent predictors for mortality were a presentation with more than 6 hours after symptoms onset, anterior myocardial infarction and LVEF  $< 40\%$ . A significantly different risk of mortality was observed for a scoring based on these factors.