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Admission criteria in critical care units of elderly patients with acute coronary syndrome from the spanish hospital emergency services

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On behalf: Longevo-SCA registry

Topic(s):
Acute Coronary Syndromes - Clinical

Citation:

Funding Acknowledgements:
Sociedad Española de Cardiología

Objective: The information about predictors of admission in Intensive Care Units (ICU) in elderly patients with acute coronary syndrome (ACS) is scarce. The aim of this study was to describe the factors associated with ICU admission in a series of non-selected elderly patients not selected with ACS in our setting.

Methods: The LONGEVO-SCA registry prospectively included patients ≥80 years with ACS without ST-segment elevation (NSTE-ACS), performing a comprehensive in-hospital geriatric assessment and analyzing the clinical course at 6 months. Predictors of admission in ICU were assessed by binary logistic regression

Results: From a total of 508 patients, (mean age 84.3 years), 150 (29.5%) were admitted to ICU. Patients admitted to ICU were younger and had a greater proportion of acute heart failure, positive troponin and worse left ventricular function, as well as higher values of GRACE and ACTION-ICU risk scores. These patients had also a better functional status and lower prevalence of frailty, and underwent coronary angiography more commonly (p <0.001). There were no differences regarding in-hospital mortality or outcomes at 6 months between both groups. The independent predictors of admission to ICU were the absence of previous heart failure, positive troponin, left ventricular dysfunction, high values of GRACE scale and Charlson index, and the absence of frailty.

Conclusions: About one third of elderly patients with NSTE-ACS are admitted to ICU. Patients admitted to ICU present a higher risk profile of admission and a lower prevalence of geriatric syndromes.