Abstract: P534

Influence of gender and prognosis at early invasive strategy in patients with NSTE-ACS

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Background
In recent years there have been multiple studies, observational and clinical trials, which compared the routine early invasive strategy (EIS) with conservative strategy, recently renamed the selective invasive strategy. The benefit of EIS in the prognosis of acute coronary syndrome without ST-segment elevation (NSTE ACS) and its influence by gender of the patient are controversial issues.

Purpose
The aim of this study is to analyze the impact of early invasive strategy (coronary angiography within 72 h of acute coronary event) in the prognosis of NSTE ACS, and the influence of gender on the potential benefit of it.

Methods
Retrospective analysis of all patients admitted consecutively in our hospital with NSTEACS, in the period from January 2015 to December 2016, and followed with a median of 24 months. Specific prognostic variables were studied during this period. It established a adjusted analysis of impact of early invasive strategy and gender on these variables.

Results
Were collected a total of 715 patients (68.1% male). Mean age 66.2 ± 11.2 years. 63.1% were hypertensive and 40.3% diabetics. We found a hospital mortality of 5.6% and 8.3% after follow-up. 14.8% of patients developed heart failure (HF) in the acute phase and 9.7% after follow-up. 31.9% of patients had major cardiovascular event (MACEs) after follow up. 287 patients (40.1%) received an EIS (71.8% male), no differences in relation to hospital mortality rates or long-term strategy for the group of late (p>0.3). By contrast, EIS was associated with lower risk of HF both in-hospital and after follow-up (12.2% vs. 16.6%, p = 0.06 and 6.2% vs. 12%, p<0.009 respectively), a difference that disappeared after adjustment. Gender analysis showed a beneficial effect of EIS on the development of HF during the initial phase and after follow-up in men (OR 0.4, 95% CI, 0.2–0.9 and OR 0.2, 95% CI, 0.5 to 0.7). By contrast, EIS showed a deleterious effect on women, greater risk of a global MACEs (OR 2.2, 95% CI, 1.1 to 4.4).

Conclusions
The early invasive strategy was not changed in the prognosis of patients with NSTE ACS, giving opposite effects by gender of the patient.