Abstract: **P528**

**Preinfarction angina: long-term prognostic repercussion**

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Introduction
Patients with angina in the week before myocardial infarction have a better prognosis during the in-hospital phase. However, the long-term prognostic repercussion of preinfarction angina is unknown.

Purpose
The aim of our study was to establish the influence of preinfarction angina on the patient’s prognosis, both in-hospital phase and after long-term follow-up.

Methods
We analyzed 290 patients who had a first myocardial infarction between January 2013 and December 2014 without previous heart disease or angina of more than a week earlier. We divided according to presence of angina in the previous week [sample A, 107 patients (p)] or lack of it (sample B, 183p) and studied its epidemiological characteristics, use of thrombolysis and other pharmacological management, and in-hospital and long-term follow-up cardiovascular complications (cardiovascular death, admission for acute coronary syndrome, heart failure or coronary revascularization procedure) with a median follow-up of 56.4 months, completed in 96% of cases.

Results
We did not found differences in baseline characteristics between the two groups; mean of age 62 years old, 75% men, 24% diabetics, 36% anterior wall infarction, 70% thrombolysis with a “door-to-needle” delay of 220 min. Cardiovascular mortality was higher in sample A, 10.3% (11p), 3.8% during first hospitalization and 6.5% after follow-up, compared to 24% (44p) in sample B (11.5 and 12.5%) (p = 0.004). After multivariate analysis, preinfarction angina was associated with lower cardiovascular mortality in long-term follow up (OR 0.43; 95% CI, 0.19–0.98; p = 0.04).

Conclusions
In our series, angina in the week before myocardial infarction was associated with lower long-term cardiovascular mortality.