Abstract: **P1699**

Non-ST segment elevation myocardial infarction (NSTEMI) vs. Unstable angina (UA) in young women aged < 45 years - differences in symptomatology, clinical course, treatment and prognosis.

**Authors:**
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**Topic(s):**
Unstable Angina

**Citation:**
Background:
Almost 50% of all ACS in young women are NSTEMI and UA. Due to the type of ACS we observed differences in the symptomatology, treatment and outcomes. The aim was to evaluate the differences in the clinical course and prognosis in young women aged < 45 years with NSTEMI vs. UA.

**Methods**
We compared 1143 women aged = 45y.o with acute cardiac syndromes: 51% NSTEMI, 49% UA from the PL-ACS registry between 2007 - 2014.

**Results**
Chest pain was predominant in both group, with a higher incidence in NSTEMI group (91.7% vs.84.7, p=0.0002). UA group was older (42y.o vs. 41y.o p=0.003), more often presents atypical symptoms (8.0% vs. 1.5%, p<0,0001) mostly with dyspnea (3.9%vs. 1.7%, p=0.025). During NSTEMI more often occurred pre-hospital cardiac arrest (2.9% vs.0.8%, p=0.0031). There was no difference between groups in general condition at admission expressed by Killip class. Onset-to-intervention time was longer in UA group (41.8 vs.30.3 hour p=0.0053) resulted from longer door-to-intervention time only (3.3 vs. 1.5 hour, p<0.0001). In NSTEMI group more often the culprit artery was circumflex (17.1% vs. 9.3% p=0.0004) and diagonal branch (4.4% vs.1.5%, p=0.0095) with a higher number of total occlusions (pre-procedural TIMI 0: 27.8% vs. 15.6% p=0,0023). Number of PCI was also higher in this group (50.9% vs. 36.1%, p<0.0001) without differences in completed revascularizations. In UA group in stent restenosis was found more often (2.8% vs. 1.5%, p=0.026). Drug eluting stents (DES) were often used in UA group (60.2% vs.49.6% p=0.027). There were no difference in the incidence of PCI complications. We observed a lower usage of clopidogrel, GP IIb/IIIa inhibitors and parenteral anticoagulant in UA group during hospitalization (for all p<0.0001). Ejection fraction LVEF was higher in UA group (56% vs. 54% p=0.0026) at discharge. The 30-day and 1 year prognosis in both group was low with no statistical difference [Tab.1]

**Conclusions**
Clinical course of ACS in young women is different regardless of the type of ACS (NSTEMI/UA) however with no difference in mortality rate. Typical symptoms increases the probability of unstable angina (UA) 2.8 times (p=0.0003). In the UA group, ACS was rarely related to circumflex and diagonal branch with more frequent in-stent restenosis. PCI delay in patients with UA results from a longer door-to-ballon time.

<table>
<thead>
<tr>
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<th>NSTEMI group</th>
<th>UA group</th>
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<tbody>
<tr>
<td>30-day mortality</td>
<td>1.60%</td>
<td>0.70%</td>
<td>0.1799</td>
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<tr>
<td>6-month mortality</td>
<td>2.20%</td>
<td>0.90%</td>
<td>0.0662</td>
</tr>
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<table>
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