Abstract: P1720

Survival analysis in a population of patients with cardiogenic shock after acute myocardial infarction: characterization of the population and identification of mortality predictors.

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Introduction: The presence of cardiogenic shock (CC) after acute myocardial infarction (AMI) is associated with high mortality.

Purpose: To compare the clinical characteristics, cardiac and non-cardiac complications among survivors and non-survivors of CC after AMI in order to identify predictors of in-hospital mortality.

Population and Methods: An observational study involving 467 patients (P) with CC after AMI included in a national multicenter registry. Considered 2 groups: Group 1 - P with CC who died (n = 190) and Group 2 - P with CC who survived (n = 277). We recorded age, gender, personal history, coronary angiography and angioplasty performed, in-hospital therapy and ejection fraction, cardiac complications (Re-infarction, mechanical complications, high-grade atrial ventricular block, sustained ventricular tachycardia) and non-cardiac complications [acute renal injury (ARI), major bleeding and stroke]. Multivariate analysis was performed to identify predictors of in-hospital mortality.

Results: Mortality in patients with CC after AMI was 40.6%. Group 1 P were older (77 ± 10 vs 68 ± 13 years, p < 0.001), presented higher prevalence of diabetes mellitus (41.8% vs 28.2%, p = 0.003), previous AMI (23.8% vs 12%, p < 0.001) 7%, p = 0.002), previous angor (31.9% vs 14.1%, p = 0.001), heart failure (18.6% vs 8.7%, p = 0.002) and peripheral arterial disease (11.8% vs 6.2%, p = 0.03). There were fewer coronary angiographies (64.2% vs 87.7%, p < 0.001), with no difference in the number or type of vessels with lesions in both groups, as well as inotropic therapy. With the exception of mechanical complications, more prevalent in group 1 (12.6% vs 5.4%, p = 0.006), there were no differences in the prevalence of the remaining cardiac complications. Among the non-cardiac complications considered, only the presence of ARI was more prevalent in Group 1 (72.1% vs 37.5%, p < 0.001). After multivariate analysis the presence of age> 75 years [OR: 2.21 (CI: 1.39-3.51)], previous angor [OR: 1.91 (CI: 1.09-2.92)], LRA [OR: 3.14 (CI: 4.0-7.04)] and mechanical complications [OR: 3.82 (CI: 2.39-6.10] were independent predictors of in-hospital mortality of P with CC post-AMI.

Conclusions: Mortality in patients with CC after AMI remains high. Age> 75 years, prior angor, ARI and mechanical complications are independent predictors of in-hospital mortality in P with CC post-AMI.