Abstract: P5498

Comparison of outcomes of acute coronary Syndrome in women above 80 years versus below 80 years in Israel from 2000-2016

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On behalf: Acute Coronary Syndrome Israel Survey (ACSIS) investigators

Topic(s):
Coronary Artery Disease – Epidemiology, Prognosis, Outcome

Citation:

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Background: While women=80 years old have a high prevalence of coronary artery disease (CAD), little data exist regarding their outcome following acute coronary syndrome (ACS).

Methods: In a retrospective study based on data of 3518 ACS women patients who were enrolled in the ACS Israel Survey (ACSIS), we first evaluated and compared the clinical outcomes of 858 ACS women =80 years with 2660 ACS women <80 years, hospitalized during 2000-2016. Secondly, we evaluated the clinical outcome of 450 women =80 years hospitalized during 2000-2006 (‘early period’) and compared them with 408 ACS women of the same age group hospitalized during 2008-2016 (‘late period’).

Results: Implementation of the ACS AHA/ACC/ESC therapeutic guidelines was lower in ACS women =80 years compared with women <80 years. Multivariate Cox regression analysis demonstrated a worse 1-year survival rate in the ACS women =80 years compared with those <80 years. During the late period women >80 years were treated more frequently with guideline-recommended therapies compared with patients from the same age group who were hospitalized in the early period. A significant decline in in-hospital mortality rates in ACS women =80 years hospitalized in the late compared with the early period was demonstrated. However, 7-day, 30-day and 1-year mortality rates were not significantly changed.

Conclusion: Adverse outcome rates of ACS women =80 years were significantly higher compared with those < 80 years. In-hospital survival rates of ACS women patients >80 years improved during the 2000-2016 period; however, long-term survival rates were not significantly changed.
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Methods: In a retrospective study based on data of 3518 ACS women patients who were enrolled in the ACS Israel Survey (ACSIS), we first evaluated and compared the clinical outcomes of 858 ACS women ≥80 years with 2660 ACS women <80 years, hospitalized during 2000–2016. Secondly, we evaluated the clinical outcome of 450 women ≥80 years hospitalized during 2000–2006 ('early period') and compared them with 408 ACS women of the same age group hospitalized during 2008–2016 ('late period').

Results: Implementation of the ACS AHA/ACC/ESC therapeutic guidelines was lower in ACS women ≥80 years compared with women <80 years. Multivariate Cox regression analysis demonstrated a worse 1-year survival rate in the ACS women ≥80 years compared with those <80 years. During the late period women >80 years were treated more frequently with guideline-recommended therapies compared with patients from the same age group who were hospitalized in the early period. A significant decline in in-hospital mortality rates in ACS women ≥80 years hospitalized in the late compared with the early period was demonstrated. However, 7-day, 30-day and 1-year mortality rates were not significantly changed.

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