Abstract: P5542

Predictors of the risk of recurrent cardiovascular events in patients with unstable angina with conservative treatment strategy

Authors:
I Lazareva¹, E Medvedeva¹, L Gelis¹, I Rousskikh¹, N Shibeka¹, ¹Republican Scientific and Practical Centre of Cardiology - Minsk - Belarus,

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Objective: To identify independent predictors of the risk of recurrent cardiovascular events in patients (pts) with unstable angina (UA) in a conservative treatment strategy.

Material and methods: The study involved 236 patients with UA with low risk according to GRACE scale and conservative treatment strategy. The end points were: recurrent UA, myocardial infarction (MI), death. The mean age was 60.2±7.3 years. All pts were performed general blood analysis, determination of troponin I, BNP, C-reactive protein, myeloperoxidase, von Willebrand factor, fibrinogen, antithrombin III and also the performance of the thrombin generation test, aggregatogram on aggregometry Multiplate impedance and ECG, EchoCG, Holter ECG.

Results: Cardiovascular events developed in 104 (44%) pts during 5 years of follow-up, and in the first year of follow-up in 58 people (24.6%), followed annually by 10-14% of events for the year. MI developed in 21 pts (8.9%), recurrent angina in 75 (31.8%) pts, 51 (21.6%) pts underwent coronary artery stenting, and 26 (11%) pts underwent coronary bypass surgery, 8 (3.4%) patients died. Having studied all the objective data of the observed patients, we concluded that independent predictors of the risk of recurrent cardiovascular events were: previous MI (RR=2.8; 95% CI 1.32-6.08; p=0.0028), type II Diabetes (RR=3.1; 95% CI 1.78-5.37; p=0.0001), first-time angina pectoris (RR=3.7; 95% CI 2.68-5.85; p=0.001, smoking (RR=2.1; 95% CI 1.21-3.74; p=0.0129), baseline myeloperoxidase >316 pmol/l (RR=3.1; 95% CI 1.29-4.74; p=0.029), high sensitive CRP >3.8 g/l (RR=3.9; 95% CI 2.44-6.14; p=0.0001), mean platelet volume >9.6fl (RR=2.9; 95% CI 1.49-5.52; p=0.0006), area under the curve ADP- test AUC > 60 U (RR=3.4; 95% CI 2, 3-5.2; p=0.002).

Conclusions: Cardiovascular events developed in 44% of pts over 5 years of follow-up. Independent predictors of adverse outcomes in pts with UA with low risk according to GRACE scale were: previous MI, type II Diabetes mellitus, first-time angina pectoris, smoking, baseline myeloperoxidase levels> 316 pmol / l, highly sensitive CRP> 3.8 g / l, MPV> 9.6fl, and the area under the ADP test curve > 60 U.