The Impact of Age on Outcomes in Patients with Acute Myocardial Infarction Undergoing Primary PCI

Igal Teplitsky, Abed Assali, Hana Vaknin-Assa, David Brosh, Shmuel Fuchs, Tamir Bental, Nurit Shor, Kornowski Ran, Eli Lev

Cardiology, Cardiac Catheterization Laboratories, Rabin Medical Center, Petach Tikva, Israel

Background: Age may present a major determinant of cardiac prognosis in STEMI patients. There is conflicting data regarding the impact of age on clinical outcomes of patients undergoing emergent PCI during STEMI. This study aimed at evaluating the impact of age on clinical outcomes among patients treated by primary PCI for STEMI.

Methods and Results: We used our data consisting of all patients treated by primary PCI (≤12 hours) for AMI excluding pts with cardiogenic shock. The clinical results of treated pts studied, distinguished according to 3 age groups are shown in the accompanied **Table**:

	18-<45 y (N=109)	**45-<65 y (N=675)**	**≥65 y (N=465)**	**P**
Age (yes)	39.6±4	55±5	74±7	0.0001
Male	93%	88%	68%	0.0001
Diabetes mellitus	14%	23%	32%	0.0001
Hypertension	15%	42%	60%	0.0001
Smoking	69%	55%	24%	0.0001
Hyperlipidemia	34%	51%	44%	0.002
Multivessel disease	30%	56%	67%	0.0001
CPK	2140±1650	2040±2040	1820±1800	0.2
LVEF	42±10	43±10	40±10	0.5
Anti GP 2B/3A	92%	81%	64%	0.001
Re-MI 1 month	0%	2.7%	4.5%	0.03
Death 1 month	0.9%	1.6%	6.5 %	0.0001
Re-MI 12 months	5.4%	4.9%	9.9%	0.006
Death 12 months	2.2 %	3.7%	13 %	0.0001

Conclusion:1).Young patients who were related on emergent basis using primary PCI for STEMI had lower 1 and 12 months rates of Re-MI and mortality in spite of the same degree of LV damage ;2).These findings can be explained in part by less extensive coronary artery disease