

## Risk Implications of 5 Different Formulas for Renal Function in Patients with NSTEMI-ACS

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Background: Antecedent renal insufficiency (RI) is an established prognostic predictor of cardiovascular events. Several formulas to estimate glomerular filtration rate (eGFR), as a proxy of renal function, are available, each with its potential strengths and flaws, although their relative implication on long-term outcome among patients with non ST elevation acute coronary syndrome (NSTEMI-ACS) remains unknown. Finding the proper prognosticator is important given the high event rates in the first year after NSTEMI-ACS.

Aim: To assess the risk implications of 5 eGFR formulas among patients admitted with NSTEMI-ACS.

Methods: We examined NSTEMI-ACS patients from 5 consecutive, biennial surveys of acute coronary syndromes in Israel between the years 2002-2010. We compared the implications of 5 different eGFR formulas, based on the initial serum creatinine level, on 1-year mortality: chronic kidney disease epidemiology collaboration (CKD-EPI), modification of diet in renal disease (MDRD), Mayo quadratic (MAYO), Inulin clearance based (IB), and Cockcroft-Gault (CG) formula.

Results: Of the 4876 NSTEMI-ACS patients (75.8% men, mean age 65.1±12.6 years), 1782 (36.5%) had unstable angina pectoris, and the remaining myocardial infarction. The prevalence of antecedent RI, defined as eGFR<60 ml/minute/1.73m<sup>2</sup>, varied considerably, yet mortality was higher among RI patients using all formulas except CG (Table). On multivariate analysis, GFR based on all formulas, except CG, was a predictor of 1-year mortality (Table).

Conclusion: Although the prevalence of RI varies considerably among NSTEMI-ACS patients based on the formula used, for all formulas except CG, RI patients fared significantly worse. The CG formula, commonly used and advocated, may not be a good surrogate of long-term outcome among NSTEMI-ACS patients.

	RI +		RI -		p-value for 1-year mortality	Hazard Ratio (95% CI)
	Frequency %	1-Year Mortality %	Frequency %	1-Year Mortality %		
CKD-EPI	35.2	19.5	64.8	3.8	<0.001	0.97 (0.96-0.98)
MDRD	32.8	20.2	67.2	4.1	<0.001	0.98 (0.97-0.99)
MAYO	22.0	24.5	78.0	5.1	<0.001	0.97 (0.97-0.98)
IB	35.2	19.6	64.8	3.6	<0.001	0.98 (0.97-0.99)
CG	20.0	8.3	80.0	9.8	0.22	1.00 (0.99-1.01)