

## Comparison of Outcome of Recurrent Versus First Non-ST-Elevation MI: Data from ACSIS 2000-2010

*Shotan, Avraham<sup>1</sup>; Meisel, Simcha<sup>1</sup>; Frimerman, Aharon<sup>1</sup>; Blondheim, David<sup>1</sup>; Shochat, Michael<sup>1</sup>; Kazatsker, Mark<sup>1</sup>; Levi, Yaniv<sup>1</sup>; Matetzky, Shlomi<sup>2</sup>; Gottlieb, Shmuel<sup>3</sup>*

<sup>1</sup>Hillel Yaffe Medical Center, Heart Institute, Hadera, Israel; <sup>2</sup>Sheba Medical Center, Heart Institute, Tel Hashomer, Israel; <sup>3</sup>Bikur Cholim Hospital, Cardiology Department, Jerusalem, Israel

Patients who sustain a recurrent acute MI are at an increased risk for complications and death. Objective: We compared the outcome of recurrent to first acute non-ST-elevation MI (NSTEMI) patients hospitalized in all CCUs during ACSIS 2000-2010.

Methods: We performed biennial prospective nationwide AMI/ACS surveys, collecting data prospectively from all patients hospitalized in all 26 CCUs in Israel

Results: Our cohort comprises of 3,596 NSTEMI patients. During the study period there was an increased usage of evidence based medications and interventions.

Year	2000	2002	2004	2006	2008	2010	All	P trend	P Recurrent vs. First
Recurrent NSTEMI (N)	110	188	224	273	231	266	1,292		
Age (yrs)	68	69	70	69	70	68	69	NS	0.0001
Coronary angiography (%)	54	60	56	63	73	78	65	0.0001	0.0001
Killip $\geq 2$ (%)	42	31	28	34	18	25	29	0.0002	0.0001
Hospital mortality (%)	8.2	5.9	7.6	4.4	3.5	4.5	5.3	<0.05	0.004
1-year mortality (%)	20.9	15.4	21.3	15.0	14.9	N/A	17.2	NS	0.0001
First NSTEMI (N)	186	364	434	466	434	420	2,304		
Age (yrs)	65	65	65	65	63	64	65	NS	-
Coronary angiography (%)	58	62	65	79	83	86	74	0.0001	-
Killip $\geq 2$ (%)	31	19	13	15	11	13	15	0.0001	-
Hospital mortality (%)	2.2	5.2	2.3	3.2	3.5	3.3	3.3	NS	-
1-year mortality (%)	10.8	12.6	11.4	8.6	7.0	N/A	9.9	0.009	-

Conclusions: Despite the improved therapeutic approach of NSTEMI patients in recent years, patients admitted for recurrent NSTEMI share a worse 1-year outcome as compared to first NSTEMI counterparts. An improved therapeutic approach is needed for these high risk patients.