

Abstract Title: Guideline based treatment of acute myocardial infarction in younger and older (<75years) patients based on 5123 patients of Berlin Myocardial Infarction Registry

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on Behalf of: Berlin Myocardial Infarction Registry

Background : Incidence and mortality of acute myocardial infarction (AMI) increases with age. In Berlin 27% of AMI-pts are older than 75yrs but 60% of those who die are over 75yrs. How does therapy differ between younger and old pts and may thereby influence prognosis ?

Methods : Between 1999 and 2003 data of 5123 pts with AMI were prospectively collected from 25 hospitals in Berlin. 1366 pts were 75yrs or older. We present clinical, treatment and outcome data of these two populations.

Results : The overall infarct mortality rate is 12.2%. In the pts > 75yrs mortality rate is 25%, in the younger 7,5%. Some differences in the treatment are shown in Table 1. The following risk factors for in hospital death were calculated in univariate analysis: heart failure ad admission, renal failure, LBB and Diabetes (in order of importance). Treatment with Betablocker (BB), ACE-Inhibitors and reperfusion therapy was associated with better prognosis. Heart failure (RR 1,9) and treatment with BB (RR 0,28) are the only independent factors for hospital death.

Conclusion : Despite well known benefits reperfusion therapy and Betablocker are underused in AMI-pts over 75yrs. This undertreatment may influence, at least in part, the prognosis in this high risk subgroup.

Hospital treatment of AMI-pts. ≤/ >75yrs.

| | n | Thrombolysis | PCI | Betablocker | ACE-Inhibitor | Statins |
|--------------|----------|---------------------|------------|--------------------|----------------------|----------------|
| pts. ≤ 75yrs | 3766 | 34,5 % | 36,3 % | 88,5 % | 73,4 % | 66,8 % |
| pts. > 75yrs | 1366 | 20,3 % | 17,6 % | 76 % | 77,3 % | 29,6 % |