

HEART FAILURE 1

Results: During 20 years off follow-up, 437 (74.1%) patients died; they were significantly different for many clinical features from living patients. During follow-up BB TIT percent was higher among living patients 55.6% vs. 30.6% for the patients who died. 196 (33%) patients had heart failure (HF) at admission and their BB TIT percent was lower comparing to patients who did not presented with HF (43.6% vs. 25.6%) respectively. At Cox regression analysis using a model adjusted for age, gender, DM, heart rate at admission, diabetes, HF and albuminuria BB TIT showed a long term protective effect (HR ¼ 0.9 (95%CI¼0.993–0.998) p¼ 0.002). Using the same model, similar effect was observed among patients who did not have HF (HR ¼ 0.9 (95%CI¼0.991–0.998) p¼ 0.007) but not among patients who suffered from HF at admission (HR ¼ 0.9 (95%CI¼0.993–1.0) p¼ 0.22). Likewise, BB TIT showed a protective effect in patients who did not have albuminuria at admission but not for patients who did (HR ¼ 0.9 (95%CI¼0.989–0.997) p¼ 0.002) and (HR ¼ 0.9 (95%CI¼0.993–1.0) p¼ 0.10).

Conclusions: Beta-blocker time intensity treatment across 20 years off follow up after ACS seems to be more protective for global mortality in the non-severely ill patients and less protective in severely ill patients.

C22

BETA-BLOCKER TIME INTENSITY TREATMENT ACROSS 20 YEARS OF FOLLOW UP AFTER ACS THE ABC STUDY ON ACUTE CORONARY SYNDROME

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Purpose: To assess the effect of Beta-blocker time intensity treatment (BB TIT) on the long-term mortality risk after acute coronary syndrome (ACS) through 20 years off follow-up.

Methods: This study includes 589 patients with ACS enrolled in three centres and discharged alive. Baseline clinical and laboratory data were gathered within the first 7 days of hospitalization. Survival analysis using Cox regression analysis model was done to investigate the long term prognostic value of BB TIT after ACS.