

ACUTE CORONARY SYNDROME

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RISK OF SUDDEN AND NON SUDDEN CARDIAC DEATH IN PATIENTS LONG AFTER ACUTE CORONARY SYNDROME, THE VALUE OF HYPERTENSION AND ALBUMINURIA. THE ABC STUDY ON ACUTE CORONARY SYNDROME

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Hypertension (HTN) and albuminuria are important predictors for all cause and cardiac mortality.

Purpose: To evaluate their association with sudden (SCD), non-sudden (non-SCD) and non cardiac death (non-CD) after acute coronary syndrome (ACS) during 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 a competitive risk regression model was done to investigate the prognostic relationship of HTN and albuminuria with the 3 causes of death.

Results: During 20 years off follow-up, 437 (74.1%) patients died; they were significantly different for many clinical features from living patients. Of them; 174(40%) suffered non-SCD, 91(21%) SCD while 172(39%) had non-CD. Female gender, diabetes mellitus, HTN, albuminuria were more prevalent in patients with non-SCD, ($p = 0.02$, $p = 0.001$, $p = 0.003$ and $p = 0.04$ respectively), they also were older and had higher values 3rd day albumin creatinine ratio ($p = 0.01$ for each); while patients with SCD had history of myocardial infarction, heart failure (HF), Q wave myocardial infarction at presentation (Q-MI) more frequently ($p = 0.009$, $p = 0.001$ and $p = 0.008$) respectively. Only 3 patients did not complete the follow-up and their time was censored before 20 years. At univariate competing risk analysis; presence of both HTN and albuminuria was associated with non-SCD risk, hazard ratio (HR) 1.5(95%CI 1.3–1.7) $p < 0.000$. Same results were obtained using a multivariable model (adjusted for age, gender, smoking, DM, serum cholesterol, HF and Q-MI) (HR) 1.3(95%CI 1.1–1.5) $p = 0.001$. No associations were found with SD or non-CD.

Conclusions: The Presence of hypertension and albuminuria during ACS is independently associated to non-SCD and not to SD. This observation emphasizes the diverse pathophysiology of sudden and non sudden cardiac death at least after ACS.

