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HYPERTENSION, ALBUMINURIA AND FATAL STROKE LONG AFTER ACUTE CORONARY SYNDROME. THE ABC STUDY ON ACUTE CORONARY SYNDROME

G. Berton, R. Cordiano, F. Cavuto, H. Mahmoud, M. Pasquinucci, H. Askhany, N. Sitta, G. Allocca, A. Cati
 CONEGLIANO GENERAL HOSPITAL, CONEGLIANO; ADRIA GENERAL HOSPITAL, ADRIA; BASSANO DEL GRAPPA GENERAL HOSPITAL, BASSANO DEL GRAPPA; THE ABC HEART DISEASE FOUNDATION, CONEGLIANO; MINIA UNIVERSITY HOSPITAL, MINIA

Systolic blood pressure is a well known important predictor of stroke risk. Likewise, albuminuria has been associated with an increased risk of stroke, independent of hypertension.

Purpose: To assess the combined effect of hypertension and albuminuria on the risk of fatal stroke in patients with acute coronary syndrome (ACS) through 20 years off follow-up.

Methods: The present study includes 589 patients with ACS enrolled in three intensive coronary care units and discharged alive. Baseline, clinical and laboratory data were recruited within the first 7 days of hospitalization. We used Cox regression analysis and multivariable competitive risk regression models to assess the risk of developing fatal stroke. Analyses were made using STATA 14.

Results: After discharge, 35 (5.9%) of the patients developed fatal stroke (FS), comparing them to the patients who didn't; there was no significant difference in the clinical characteristics except that they were significantly older (mean age was 71.6 vs. 65.6 years, $p < 0.005$) and more frequently hypertensive patients (62.9% vs. 46.2% $p < 0.05$). In patients with FS, 3rd day albumin-creatinine ratio (ACR) values were significantly higher ($p < 0.002$) and albuminuria was more prevalent (71.4% vs. 48.5%, $p < 0.009$). Only 3 patients did not complete the follow-up and their time was censored before 20 years. At Cox regression analysis; patients who had hypertension or albuminuria had higher risk of develop FS, hazard ratios were (HR 2.3(95%CI 1.1–4.5) $p < 0.02$ and HR 3.6(95%CI 1.8–7.6) $p < 0.001$ respectively. Patients with both hypertension and albuminuria showed an independent risk association for developing FS than patients with neither using an adjusted model for age, gender and atrial fibrillation, HR 4.3(95%CI 1.5–12.4) $p < 0.006$. Same results were obtained with multivariate competing risk analysis using a model adjusted for the same variables HR 3.7(95%CI 1.4–9.9) $p < 0.01$.

Conclusions: This study shows that the combination of hypertension and albuminuria is associated with a greater risk of development of fatal stroke long after ACS, independently of other confounders.

