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# Prospective History of Long-Term Mortality and Modes of Death in Patients Discharged After Acute Coronary Syndrome: The ABC-2* Study on Acute Coronary Syndrome

**Giuseppe Berton[1*], Rocco Cordiano[2], Rosa Palmieri[2], Fiorella Cavuto[3], Marco Pellegrinet[4] and Paolo Palatini[5]**

long-term mortality after acute coronary syndrome that might help prognostication, patient education, and risk modification. Furthermore, the results showed that the modes of death are independently associated with different baseline clinical features.

**Keywords**

Acute coronary syndrome; Mortality; Risk prediction; Survival analysis (*ABC is acronym for Adria, Bassano, Conegliano, and Padova Hospitals)

## Introduction

Although the treatments used in the last decades have improved the prognosis of patients with acute coronary syndrome (ACS), major adverse events, and death have been observed in many of these

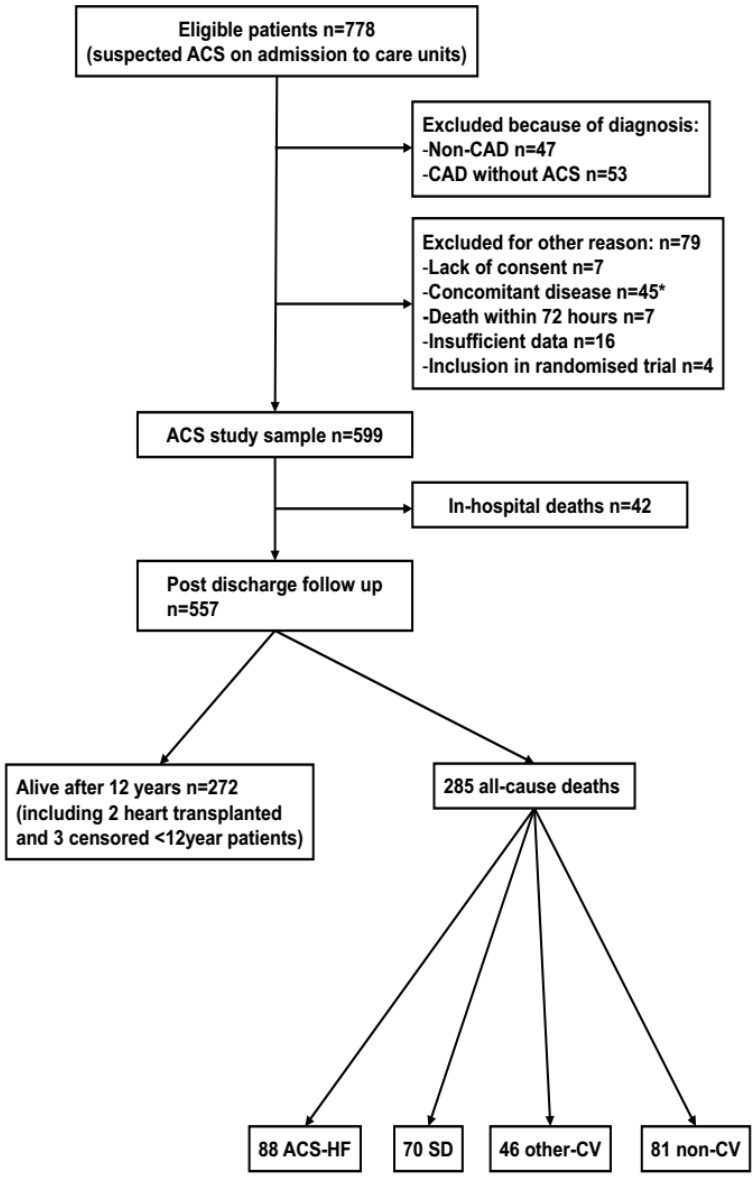


**Figure 1:** Flow diagram of subject progress during follow-up. ACS indicates Acute Coronary Syndrome, CAD indicates Coronary Artery Disease, CV, cardiovascular, HF indicates Heart Failure, and SD indicates Sudden Death.
*The exclusion criteria included chronic renal failure, with a documented history of estimated glomerular filtration rate (eGFR) <1.0 mL/s/1.73 m² for 3 months, with or without kidney damage, or dialysis treatment (n=7); nephrotic proteinuria (n=2); concomitant acute infection (n=19); myocardial re-infarction within 3 days of admission (n=5); surgical treatment for bone fractures (n=3); recent surgery (n=2); systemic lupus erythematosus (n=1); menstrual flow (n=1); neoplastic disease (n=5); death within 3 days of admission (n=7); or insufficient data (n=16).

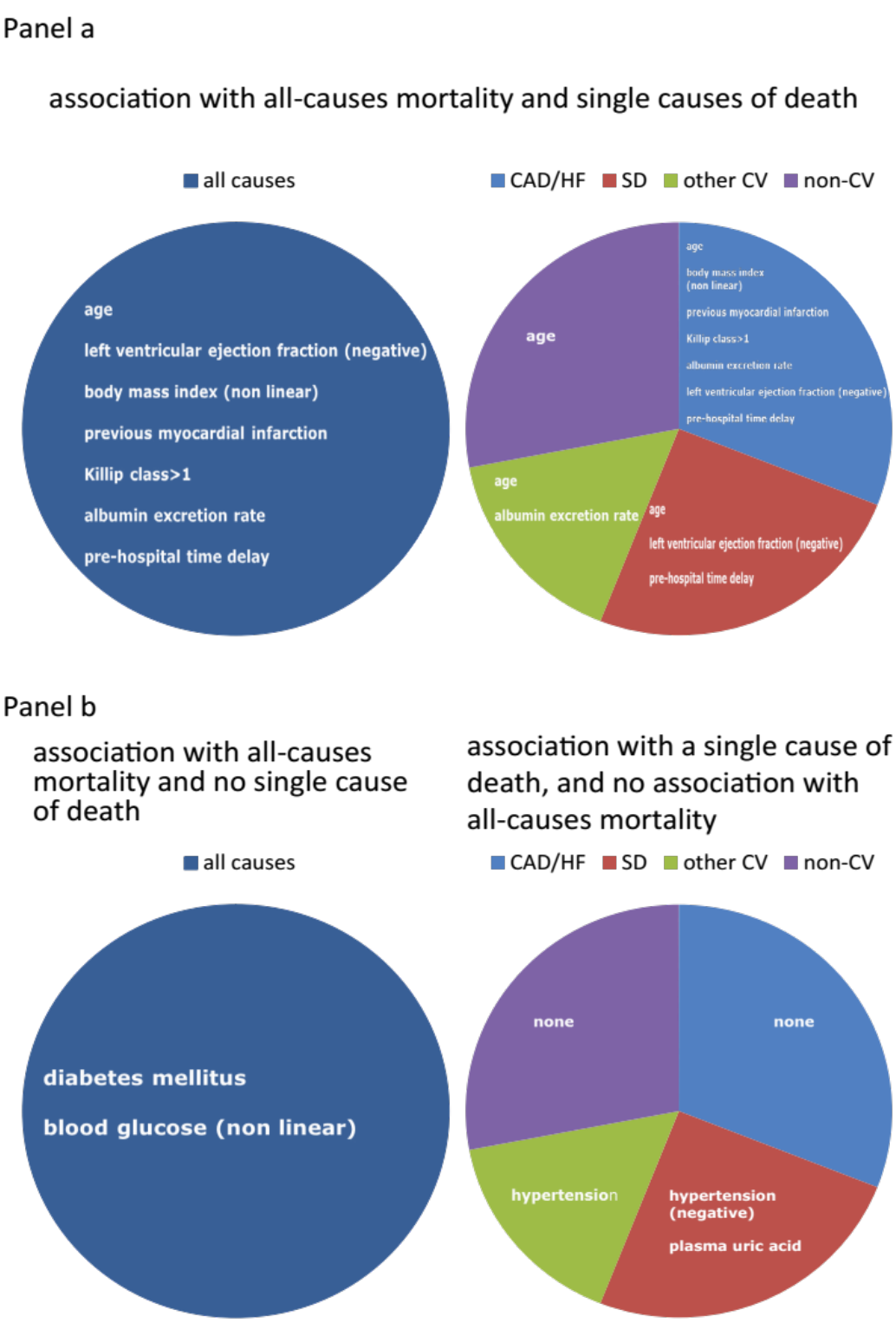


**Figure 2:** Summary of the independent predictors of 12-year mortality and modes of death after ACS in both acute and sub-acute models.