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HEART FAILURE AND ALBUMINURIA DURING HOSPITALIZATION WITH ACS AND LONG TERM MORTALITY RISK THE ABC STUDY ON ACUTE CORONARY SYNDROME

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Purpose: To assess the combined effect of heart failure and albuminuria on the long-term mortality risk after acute coronary syndrome (ACS) through 20 years of 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 was done to investigate the long term prognostic value of HF and albuminuria after ACS.

Results: During 20 years of follow-up, 437 (74.1%) patients died; they were significantly different for many clinical features from living patients. HF at presentation and albuminuria were more prevalent among dead patients (41% vs. 12% $p < 0.0001$) and (26% vs. 7% $p < 0.0001$) respectively. 3rd day albumin-creatinine ratio (ACR) values were also significantly higher among them ($p < 0.0001$). Only 3 patients did not complete the follow-up and their time was censored before 20 years. Survival analysis showed that presence of either HF or albuminuria at admission with ACS is independently associated with long term mortality. Moreover, patients who suffered from both pathologies were at higher mortality risk than patients with either.

Conclusions: The Presence of heart failure and albuminuria during ACS is independently associated with long-term mortality with an additive effect.

