

ACS in the elderly: insights from the GRACE Registry

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Background: Elderly patients are believed to be at high risk for ACS, but the best treatment strategy for these individuals remains the subject of debate. The aim of this study is to compare management and hospital outcomes for ACS patients aged 75 years or older with those of younger patients using data from the GRACE study.

Methods and results: Treatment and outcomes for 8564 ACS patients aged 65 years and over were analyzed. Patients aged ≥ 75 years underwent significantly less aggressive treatment than those aged 65 to <75 , and had significantly higher rates of death and major bleeding (Figure, Table).

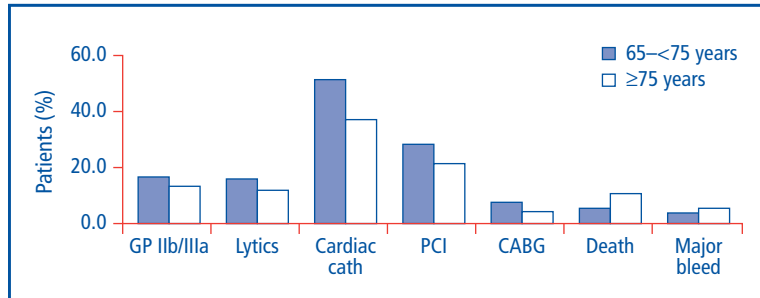


Figure. Management and outcomes (all $P < 0.0001$)

Conclusion: Elderly patients are less likely to receive modern antithrombotic and antiplatelet therapies and to undergo interventional cardiac procedures and yet they are likely to benefit from the use of these treatments.

Death	OR (95% CI)
Age ≥ 75 years	1.90 (1.58, 2.29)
Creatinine >1.29 mg/dL	3.22 (2.69, 3.86)
Aspirin	0.45 (0.35, 0.57)
LMWH	0.67 (0.56, 0.80)
Major bleeding	OR (95% CI)
Age ≥ 75 years	1.55 (1.24, 1.93)
Creatinine >1.29 mg/dL	1.97 (1.58, 2.46)
GP IIb/IIIa inhibitors	2.08 (1.58, 2.74)
PCI	1.90 (1.47, 2.47)
UFH	1.55 (1.21, 1.98)
LMWH	0.68 (0.54, 0.86)

Table. Multivariate logistic analysis for death and major bleeding, adjusting for potential confounders (younger patients are the referent group)