Six-month prognosis after hospital discharge in patients with acute coronary syndromes: the GRACE project

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Background: Acute coronary syndromes remain a major cause of hospital admissions and are associated with significant morbidity and mortality. Great progress has been made recently in improving hospital outcomes for ACS patients, but much less is known about their long-term prognosis.

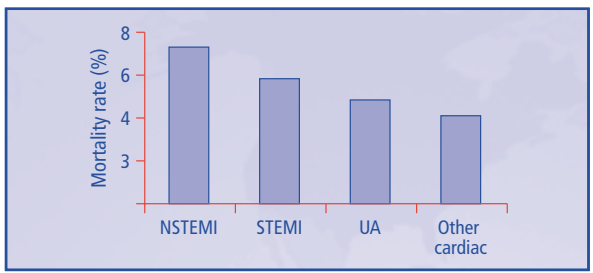

Figure. Mortality data of patients with ACS up to 6 months after discharge from hospital

Methods and results: Data from patients enrolled at 94 hospitals in 14 countries were collected. In addition to data on in-hospital management and short-term outcomes, 2795 patients were followed up 6 months after discharge from hospital. Of these, 1576 patients had MI, 1067 had UA, and 122 had 'other cardiac' diagnoses. Mortality data for the period between discharge and 6-month follow-up are shown (Figure).

Multivariate regression analysis, controlling for various demographic and clinical characteristics, revealed that advanced age and failure to receive ACE inhibitors at hospital discharge were significantly associated with higher 6-month mortality rates in patients with AMI or UA. In patients with UA, advanced age and lack of beta-blockers or statins were associated with a significantly increased risk of rehospitalization.

Conclusions: These results suggest that, after discharge from hospital, patients with ACS remain at significant risk of morbidity and mortality in the longer term. We may improve outcomes in these patients by targeting interventions to elderly patients and by increasing the use of evidence-based therapies.