



# THE PATTERN OF CARDIOVASCULAR RISK FACTORS AND FATE IN PATIENTS OVER 80 YEARS PRESENTED WITH ACUTE CORONARY SYNDROMES

By

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# INTRODUCTION

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- **Age is not only a powerful risk factor for cardiovascular disease; it is also an independent risk factor for adverse outcomes after cardiovascular events, for complications of cardiovascular procedures and interventions, and side effects of pharmacotherapy, particularly from antithrombotic therapies.**
- **As the population continues to age, physicians nowadays are confronted with an increasing number of elderly and very elderly patients presenting with acute coronary syndromes (ACS).**

# INTRODUCTION

- The elderly usually have more complex coronary artery disease and they are at a higher risk for morbidity, complications and early mortality than younger groups of patients because of atypical presentation and delay in the diagnosis and management.
- Elderly patients are at high risk for bleeding complications, but they are also at the highest risk for ischemic complications if less aggressive treatment strategies are pursued.
- On the other hand, randomized clinical trials and observational studies have included substantially fewer elderly patients than clinicians encounter in real life.



# AIM OF THE WORK

# A WORLDWIDE MULTI-CENTER STUDY WAS DESIGNED

TO

**Identify the cardiovascular risk profile as well  
as the outcome in patients over 80 years  
presenting with acute coronary syndromes.**



# PATIENTS & METHODS

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- A retrospective descriptive multi-center worldwide study was conducted on 190 patients admitted with ACS between January 2011 and December 2016 in order to determine the most frequently encountered cardiovascular risk factors, the initial laboratory data, management as well as the in-hospital complications.
- The study was conducted in 27 tertiary care hospitals in 7 countries.



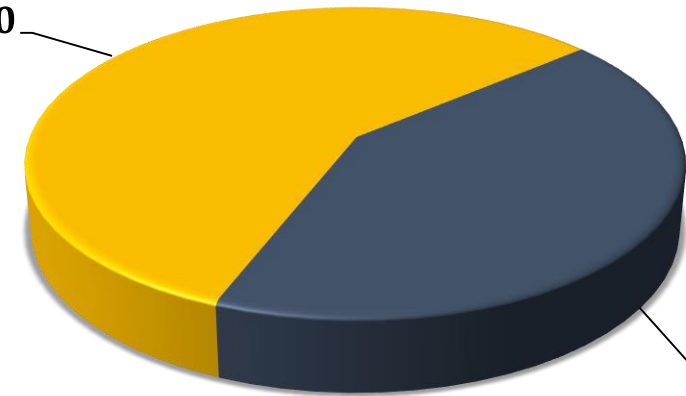


# RESULTS

# DEMOGRAPHIC DATA

Patient demographics	
Age (years)	85.16 ( $\pm 3.6$ )
Sex (males)	80 (42.1%)

Female  
110  
57.9%

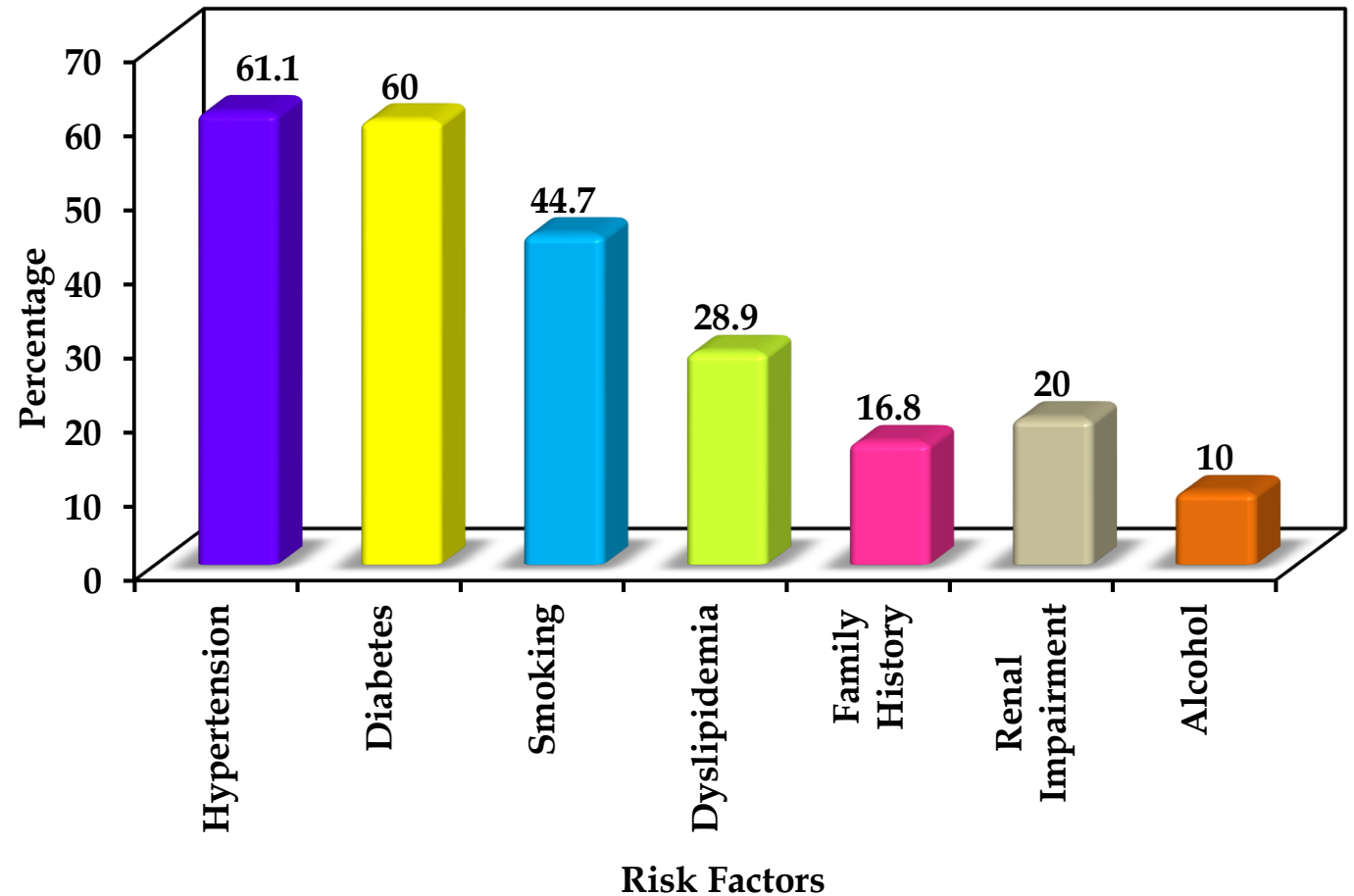


Male  
80  
42.1%

All data are represented in mean ( $\pm$  SD) or Number (Percentage)

# RISK FACTORS

Risk Factors	
Hypertension	116 (61.1%)
Diabetes	114 (60%)
Smoking	85 (44.7%)
Dyslipidemia	55 (28.9%)
Family History	32 (16.8%)
Renal Impairment	38 (20%)
Alcohol	19 (10%)



All data are represented in mean ( $\pm$  SD) or Number (Percentage)

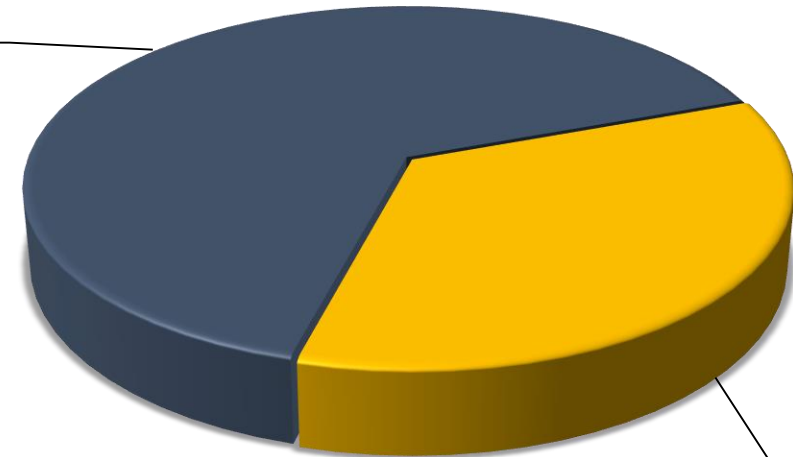
# CLINICAL PRESENTATION

ACS type	
STEMI	66 (34.7%)
NSTEMI	124 (65.3%)

NSTEMI

124

65.3%



STEMI

66

34.7%

All data are represented in mean ( $\pm$  SD) or Number (Percentage)

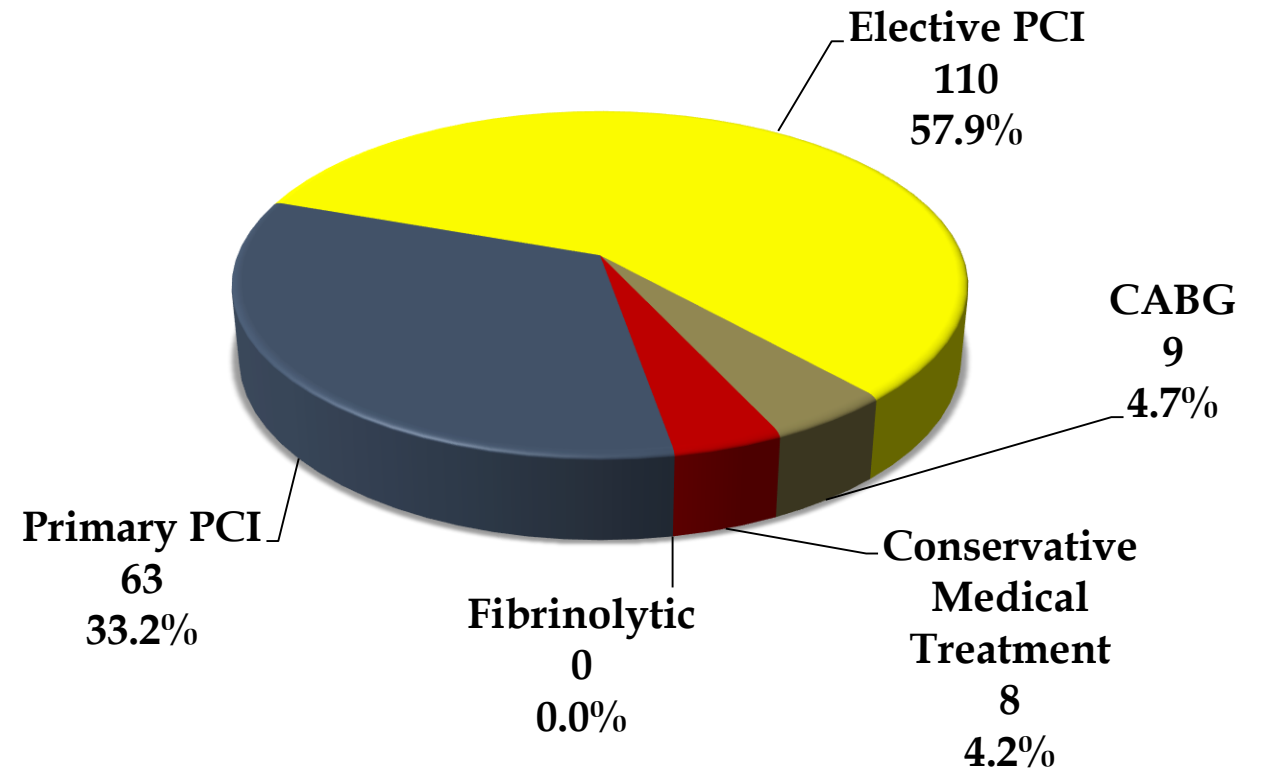
# LABORATORY DATA

Laboratory Data	
Hemoglobin (g/dl)	11.9 ( $\pm$ 2.9)
Creatinine (mg/dl)	1.12 ( $\pm$ 0.3)
Total cholesterol (mg/dl)	149.5 ( $\pm$ 42.6)
Low Density Lipoprotein (LDL) (mg/dl)	87.1 ( $\pm$ 21.1)
Triglycerides (mg/dl)	144.4 ( $\pm$ 29.3)
Hemoglobin A1C (%)	6.71 ( $\pm$ 0.9)

All data are represented in mean ( $\pm$  SD) or Number (Percentage)

# MANAGEMENT

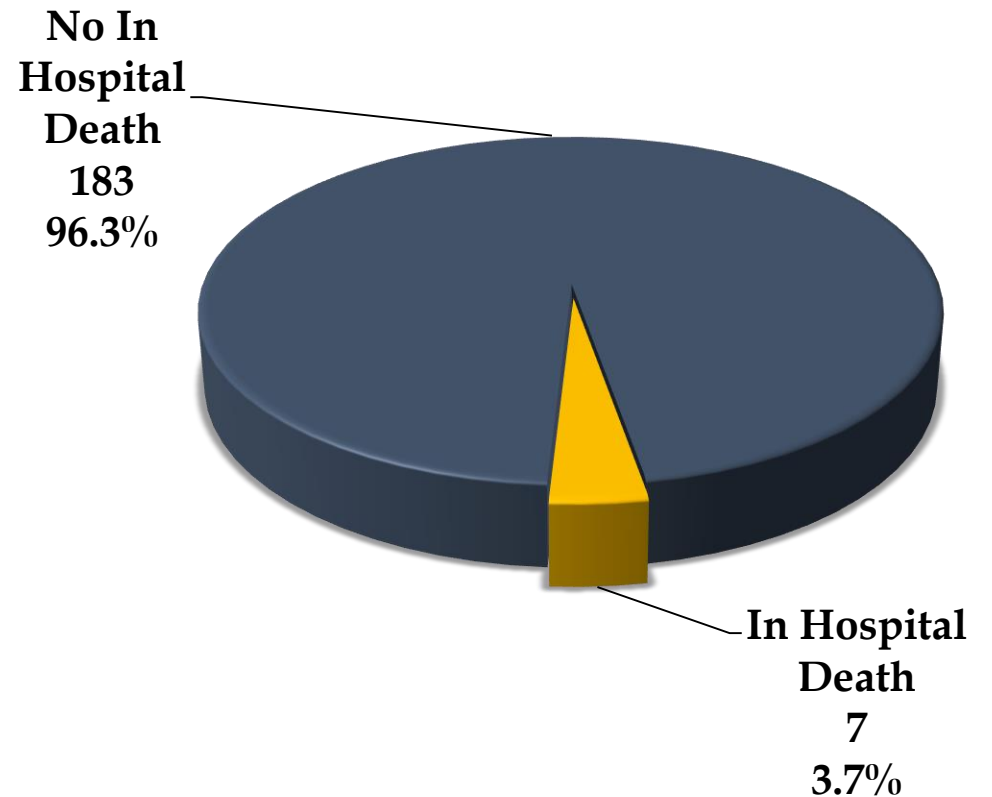
Management	
Fibrinolytic	0 (0%)
Primary PCI	63 (33.2%)
Elective PCI	110 (57.9%)
CABG	9 (4.7%)
Conservative Medical Treatment	8 (4.2%)



All data are represented in mean ( $\pm$  SD) or Number (Percentage)

# OUTCOME

Outcome	
In Hospital Death	7 (3.7%)
Recurrent Infarction	2 (1.1%)
Cerebrovascular stroke	4 (2.1%)



All data are represented in mean ( $\pm$  SD) or Number (Percentage)



# CONCLUSION



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- In patients over 80 years, *female sex, hypertension and diabetes mellitus* were the main frequently encountered cardiovascular risk factors with more frequent presentation of *NSTEMI than STEMI* with an *in-hospital mortality of 3.7%*.

# ACKNOWLEDGMENT

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Thank  
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