ST Segment Elevation Myocardial Infarction (STEMI) in the Elderly over 75 Years: Retrospective Study in a General Hospital

Abrar-Ahmad ZULFIQAR MD, MSc* and Marphy KERIF MD

1Department of Internal Medicine-Geriatrics-Therapeutics, University Hospital of Rouen, France
2Department of Emergency Unit, Hospital of Troyes, France

Abstract
Data on ST elevation myocardial infarction in patients aged over 75 years remains sporadic. We completed a retrospective study at the Centre Hospitalier de Troyes, including all patients aged over 75 years treated by emergency physicians in pre-admissions or in emergency wards presenting with acute ST elevation myocardial infarction between January 2015 and February 2016 inclusive. We also identified a second group of subjects, aged below 75 years, with the same number of members, in order to be able to perform a cross-analysis.

We retrieved details of 32 patients aged over 75 years, with a mean age of 84.56 years (75-100 years), of which 22 were women. The mean Charlson comorbidity score is estimated at 3.44 (1-8) and the mean Grace score is estimated at 216 (168-345). Reperfusion was performed by way of an angiogram in 46.75% of cases; No patient in this group was subject to thrombolysis.

The mean time before performance of the initial angiogram is estimated at 5,149 minutes (or over 85 hours); Approximately 21.9% of patients were treated by way of insertion of a stent. One half of angiograms were not accompanied by the insertion of stents. Mortality during hospitalization occurred in ten cases and, in total, 12 patients passed away within six months. Thirty-one patients aged below 74 years, with a mean age of 55.06 years (25-74 years) were included in a study over a shorter period, namely three months, with the majority being men (27 subjects). Angiograms were performed in 96.77% cases, whereas thrombolysis was performed in the cases of only two patients. We did not record any mortality during hospitalization, nor at an interval of one month or three months. There are more female subjects among patients aged over 75 years and more male subjects among patients aged below 75 years (p < 0.0001). Subjects aged over 75 years were more likely to have consulted their treating physician prior to attending the emergency ward (p = 0.002). The Charlson score is more significant in subjects aged over 75 years (p < 0.0001); The same applies for the Grace score (p < 0.0001). Subjects aged over 75 years were provided with less access to angiograms than subjects aged below 75 years and were less likely to benefit from a stent insertion (p < 0.0001). Age >= 75 years increases the risk of mortality during hospitalization (p = 0.001), at one month (p = 0.001) and at six months (p < 0.0001).

The prognosis for ST Segment Elevation Myocardial Infarction (STEMI) patients is bleak. Mortality at one year in patients aged over 80 years is seven times higher than for patients aged below 70 years in the ASC.
Conflict of Interest

None.

References


