

Clinical Characteristics of Octogenarian Korean Patients with Acute Myocardial Infarction

Korea Acute Myocardial Infarction Registry Investigators

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Background : Acute myocardial infarction (AMI) in patients older than 80 years may have different features compared with young patients. We analyzed the risk factors of Korean AMI patients in old age (older than age of 80) and the young AMI patients (younger than age of 40), who were both registered in Korea Acute Myocardial Infarction Registry (KAMIR). **Subjects and Methods :** We have studied the patients dividing into two groups: the patients in old age (≥ 80) (group I: $n=922$, 83.7 ± 3.5 years, 421 males) and the patients in young age group (≤ 40) (group II: $n=261$, age: 35.9 ± 4.5 years, 245 males). The clinical, angiographic characteristics, PCI success rate and MACE were compared between the two groups. **Results :** In octogenarian, there were more females (421 males < 501 females) unlikely in young age (245 males > 16 females) and less smokers than young patients (38.3% vs. 84.6%). There was also significant difference in PCI success rate (97.7% VS 100%) ($p=0.027$). Baseline laboratory findings were different between the two groups, CK, CK-MB, Tn-I, and NT-proBNP, TC, TG, LDL-cholesterol ($p<0.001$). Octogenarian had more RCA lesions ($p=0.001$), more three-vessel involvement ($p<0.001$) and better initial TIMI flow ($p=0.004$) than young patients. There was no significant difference in methods of PCI, but paclitaxel-eluting stent was more frequently placed ($p=0.001$). In-hospital mortality was significantly higher (93/922, 10.4% vs 0/261, 0.0%, $p<0.001$) and PCI success rate was lower (97.7% vs 100%, $p<0.027$) in octogenarian. One-month and 6-month MACE were higher in octogenarian group than in young age group (6.9% vs 2.0%, 11.1% vs 2.6%, $p=0.008$, 0.002). **Conclusion :** In octogenarian Korean patients with AMI, female and non-smoker are more common, and higher in-hospital and 6-month mortality are associated after PCI than in young patients.

Chronic Pre-treatment of Statin is Associated with the Reduction of In-hospital Death in the Patients with Primary Percutaneous Coronary Intervention

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Background : Early statin treatment has beneficial effects on prognosis after acute coronary syndrome as a secondary prevention. Statins were also commonly used in the patients who have hypertension or diabetes. However, no data have been reported with regard to the prognosis in the patients who chronic pre-treatment before the development of myocardial infarction. **Methods :** The primary PCI was performed in 3277 patients who were registered in KAMIR from November 2005 to Dec 2006. In this registry, we investigated the 1459 patients with hypertension history from the 3277 patients (men: 957, age 65.7 ± 11.9 years). The study group were divided into two groups: the patients in chronic pretreatment of statin (group I: $n=106$) and did not medicate the statin (group II: $n=1353$). The clinical, angiographic characteristics and in-hospital death were compared between the two groups. **Result :** In baseline clinical characteristics, there were no significant differences between two groups, in age, gender, risk factors (smoking, familial history, BMI). But there were significant difference in hyperlipidemia history, Killip class (group I: 1.65 ± 0.978 , group II: 1.44 ± 0.855 ; $p=0.03$) and TIMI risk scores (group I: 3.42 ± 1.17 , group II: 2.89 ± 1.03 ; $p<0.01$), and these findings mean that group I was composed of high risk patients than Group II. Baseline laboratory findings were different between the two groups in cholesterol profiles (cholesterol level was lower in group I). However, there were no significant difference between groups in cardiac enzymes, hsCRP, NT-pro BNP level, and angiographic findings. The in-hospital death was developed in 4 patients of group I (4.7%) and 93 patients of group II (6.87%). The results show the tendency that the incidence of in-hospital death was lower in the patients of chronic pretreatment. **Conclusion :** Although a non-randomized observational study, the present study suggested that statin pre-treatment may improve the clinical outcomes and reduce the in hospital death in the patients of acute myocardial infarction who undergoing primary PCI.