



Elderly Patients Can Benefit From Selective Use Of Early Revascularization

In a study published in the February 2009 issue of JACC: Cardiovascular Interventions, researchers found the one-year survival of elderly patients (age \geq 75 years) with acute MI complicated by CS undergoing percutaneous coronary intervention (PCI) using contemporary techniques was comparable with survival of younger patients.

"Elderly patients who are admitted to the hospital with massive heart attacks may still benefit from emergency coronary artery balloon angioplasty and stenting, despite their advanced age," says David Clark, M.B.B.S., F.R.A.C.P., senior author of the study and interventional cardiologist at Austin Hospital, Melbourne, Australia. "Although mortality occurs in roughly half of patients in these high risk situations, without this aggressive treatment, the prospect of survival is very poor."

Researchers analysed baseline characteristics (e.g., smoking status, blood pressure, previous MI, renal function and symptom onset) and clinical outcomes, including death and emergence of other complications, in 143 consecutive patients from the Melbourne Interventional Group registry between 2004 and 2007. Elderly patients (n=45) were more likely to be female and have hypertension, previous MI, renal failure and multi-vessel coronary artery disease. Data indicated no significant differences for in-hospital, 30-day and one-year mortality in the elderly versus the younger groups.

CS is a very complicated illness to manage, often requiring timely and very specialised care. Patients typically spend significant time in intensive care, which often necessitates considerable human and financial resources. So, while outcomes data show that early revascularization can improve survival among elderly patients, other clinical factors

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