Results: A total of 23 eligible patients completed the study. The KCCQ score improved significantly in milrinone treated patients compared to placebo (+10 ± 12 vs −1 ± 3, p = 0.006). 6MWD also tended to improve in the treatment group compared with placebo (+10 ± 62 vs −42 ± 77, p = 0.092). Heart rate (−1 ± 5 vs −2 ± 9 bpm, p = 0.9) and systolic BP (−3 ± 18 vs −1 ± 12 mmHg, p = 0.37) were unchanged. E/e’ (−0.3 ± 3.0 vs. −1.9 ± 4.8, p = 0.38) was unchanged. One patient in the placebo arm was hospitalised for HF. Holter monitoring did not demonstrate a pro-arrhythmic effect of milrinone.

Conclusion: In this novel pilot study, extended release oral milrinone was well tolerated and associated with improved quality of life in patients with HFpEF. Further longer-term studies are warranted to establish the role of this therapeutic approach in HFpEF.

References


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Gender Disparities in Safety Outcomes After Pharmaco-Invasive Strategy for ST Elevation Myocardial Infarction: A Four Year Analysis in Two Regional Centres

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Background: Pharmaco-invasive (thrombolysis) strategy at one year is non-inferior to primary percutaneous coronary intervention (pPCI) in patients with ST elevation myocardial infarction (STEMI) who are unable to undergo pPCI within one hour. In Australia, women with STEMI are less likely to receive invasive management, revascularisation, or preventive medication.

Methods: All patients presenting with STEMI who were thrombolysed or underwent pPCI at two regional centres were included from 2014 to 2018. The co-primary safety outcomes were major bleeding and all-cause mortality at 1 month.

Results: 425 analysed after exclusions. 117 (27.5%) underwent pPCI while 308 (72.5%) had initial thrombolysis. Average age was 63.9 years and 76.9% were male. Of the thrombolysis group, 56.9% successfully re-perfused while 43.8% required rescue PCI (rPCI) and 296 (96%) underwent coronary angiography. Rates of TIMI-III flow post angiogram were higher in the thrombolysis group 96.0% vs 85.9% (p = 0.0147). There were no significant differences in MACE at 1-month or 1-year or all-cause mortality. Major bleeding was higher at 1-month after thrombolysis 4.3% vs 2.6% (p = 0.36) but did not reach significance, likely due to inadequate power.

Conclusion: Our experience shows pre-hospital thrombolysis remains a safe alternative to pPCI, especially in regional centres, with no clinically significant differences in 1-and 12-month outcomes.