Suboptimal Use of Cardioprotective Drugs in Patients with a History of Cancer

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Introduction: Success of modern cancer therapy leads to a decline in death rates for cancer patients. Cardiovascular disease (CVD) now a leading cause of long-term morbidity and mortality among cancer survivors. There is increasing need to be more vigilant in the use of cardioprotective therapies for primary and secondary prevention of cardiovascular diseases in patients living with cancer. This study aims to examine the use of cardioprotective therapies in patients with or without previous history of cancer admitted to cardiology.

Methods and Results: Patients (n = 333, mean age: 65 ± 13 yrs) who were admitted to cardiology unit at John Hunter Hospital for either acute or chronic CVD from July to November 2018. N = 76 (23%) of patients had a history of cancer (Hx Ca) as documented in case notes at the time of admission. There was no difference in the prevalence of cardiac ischaemia, hypertension, dyslipidaemia, diabetes, or heart failure, but significantly higher atrial fibrillation in patients with Hx Ca (26%) vs. those without (16%). There was under-use of cardiovascular medications in patients with Hx Ca vs those without: antiplatelets (59% vs. 73%, p < 0.01); β-blockers (61% vs. 70%, p = 0.17), ACEi/ARB (50% vs. 65%, p = 0.3), and statins (59% vs. 78%, p < 0.01). On multivariate analysis, patients with Hx of Ca had significantly lower usage of statins adjusted for age, BMI, gender, and cardiovascular risk factors.

Conclusions: Cardioprotective therapies appear to be under-utilised in patients with previous history of cancer with comparable CV risk factors. Strategies are required to increase cardioprotective pharmacotherapies in these patients.

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The Impact of Living Situation on Management and Outcomes of Patients Aged >85 Years Presenting with NSTEMI

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Introduction: Living situation is an important part of the assessment of functional status and is often used as a surrogate marker of frailty. Little is known about the impact of living situation on management and outcomes of elderly patients presenting with NSTEMI.

Methods: A retrospective analysis of 956 consecutive patients aged >85 years presenting with NSTEMI between 2010–2018 were included. Home status was defined as independent, low-level care (LLC) or high-level care (HLC). Guideline-directed medical therapy (GDMT) included aspirin, beta-blockers and statins. The primary outcome was all-cause mortality.

Results: Of the 956 patients included, 575 (60.1%) lived independently, 252 (26.4%) in LLC and 129 (13.5%) in HLC. Those in LLC and HLC were significantly less likely to be prescribed GDMT (p < 0.001). These patients were also less likely to undergo invasive coronary angiography (15% in independent living, vs 2% in LLC, 0 in HLC, p < 0.001). Over a mean follow-up of 1.3 years, 444 patients died (46.4). Independent living was associated with improved survival (HR 0.66 95% CI 0.55–0.81, p < 0.001). LLC living was not an independent predictor of mortality (HR 1.2

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