Abstracts

Association Between Gender and Quality of Life Post Acute Coronary Syndrome: A Victorian Cardiac Outcomes Registry (VCOR) Study

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Background: Women have reported higher mortality and major adverse cardiovascular events (MACE) following acute coronary syndrome (ACS) compared to men. Gender differences in quality of life (QoL), depression and anxiety following ACS are not well described.

Methods: Consecutive patients from 2012–2016 who received percutaneous coronary intervention (PCI) for ACS were prospectively recruited as part of the Victorian Cardiac Outcomes Registry (VCOR). Patients were followed throughout their time in hospital and at 30 days. QoL was assessed using the EuroQol-5D (EQ-5D) instrument by telephone at 30 days. Multivariate analysis to determine independent predictors of QoL was performed.

Results: A total of 16,355 patients underwent PCI for ACS (23.4% females). Female patients were significantly older (mean age 67.9 +/-12.7 yrs vs 63.8 +/-12.5 yrs) with more diabetes, history of cerebrovascular disease or renal failure. However, significantly more males than females presented with cardiac arrest or required intubation. At 30 days, 2,368 (61.7%) females and 7,905 (63.1%) males completed the EQ-5D instrument. Males were significantly less likely than females to have persistent issues in all EQ-5D domains including mobility (OR 0.55, 95% CI 0.48–0.62), personal care (0.63; 0.52–0.77), activities of daily living (0.61; 0.55–0.69), pain/discomfort (0.68; 0.60–0.78), and anxiety/depression (0.63; 0.56–0.71).

Conclusions: Female gender is an independent predictor of poorer QoL, anxiety and depression at 30 days following PCI for ACS, independent of age, comorbidities and severity of ACS presentation, as determined by presentation with cardiac arrest or intubation requirement.

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Association of Peri-Procedural Intravenous Morphine Use on Clinical Outcomes in ST-Elevation Myocardial Infarction (STEMI) Treated by Primary Percutaneous Coronary Intervention: Systematic Review and Meta-Analysis

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Background: Morphine analgesia may affect absorption of co-prescribed P2Y12 antagonists attenuating platelet inhibition. The impact of peri-procedural intravenous (IV) morphine administration on clinical outcomes in patients undergoing primary percutaneous coronary intervention (PPCI) for ST-elevation myocardial infarction (STEMI) is not well-defined.

Methods: Analysis of the electronic databases MEDLINE, EMBASE, CENTRAL, Scopus, Web of Science and Clinical-Trials.gov for association of peri-PCI IV morphine use with myocardial infarction (MI) and mortality.

Results: Eleven studies (1 randomised controlled trial, 10 cohort studies) were included for systematic review. Five studies, including 3,748 patients were included in meta-analysis of the primary outcome. Of 3,748 patients, 2,239 were treated concurrently with ticagrelor, 1,256 treated with clopidogrel and 253 with prasugrel. As shown in the Figure 1, there was a trend towards increased risk of in-hospital or 30-day myocardial infarction with IV morphine (odds ratio 1.88; 95% CI 0.87–4.09, I2 0%). Across seven studies and 6,585 patients, no increased risk of mortality at the same time points was evident (odds ratio 0.70, 95% CI 0.40–1.23, I2 19%).

Conclusion: Peri-PCI IV morphine administration during STEMI was associated with a greater risk of in-hospital or 30-day recurrent MI. While not reaching statistical significance, this signal of increased risk warrants further randomised trial data.

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