Differences in risk factors, presentation and angiographic findings in elderly patients with coronary artery disease

KEYWORDS: acute coronary syndrome, myocardial infarction, age, elderly.

INTRODUCTION: Coronary artery disease (CAD) is common among elderly patients and may have certain characteristics that are different from those in younger age. The aim of this study is to determine the presented risk factors, clinical presentation and angiographic findings in elderly patients.

RESULTS: Among the 942 patients referred for coronary angiography, 178 (18.9%) were OP. 46 patients (25.8%) of OP had acute coronary syndrome (ACS) and 22.6% of YP. Female/male ratio was 46.7% in OP and 31% in YP. OP had the higher prevalence of previous myocardial infarction (32% vs. 24.4%) and similar rate of previous PCI (25.8% vs. 26.7%). Cerebrovascular disease was present in 10.1 vs. 6.6% and peripheral artery disease in 10.1 vs. 7.6%. Previous cardiovascular risk factors were present in OP: smoking 6.7% vs. 25.7%; hypertension 88.7% vs. 82.4%; diabetes 30.8% vs. 26.7%; hyperlipidemia 67.4% vs. 69.7%. Beta blockers were used in 64.4%, ACE inhibitors in 57.8% and statins in 45.5% of OP, while 55.9%, 51.1% and 45.8% in YP. Mean hospitalization stay was 5.97 days in OP and 5.56 in YP (both median 4 days). Culprit coronary artery was in OP RCA in 39.5%, LAD in 38.4% and ACx in 22.1%, while in YP RCA in 35.7%, LAD in 42.6% and ACx in 21.6%. In OP, type A lesion was present in 10.5%, type B in 57%, type C in 15.1% and coronary occlusion in 17.4%; while in YP 21.2%, 51.3%, 11.7% and 15.8%. OP had more coronary segments involved (2.86 vs. 2.57). A median value of percent of luminal stenosis was 99% in OP and 90% in YP (mean values - 90.8% and 85.9%). The mean number of stents implanted was higher in OP (0.73 vs. 0.67). GpIIb/IIIa inhibitor was used more in YP (3.9% vs. 5.3%).

DISCUSSION AND CONCLUSION: Patients older than 75 show specific group characteristics. This group presented more with ACS, higher female/male ratio, prevalence rates of arterial hypertension, diabetes, previous myocardial infarction, cerebrovascular and peripheral artery disease, and drug intake. More diffused CAD was also observed with more severe types of coronary lesions and higher luminal stenosis.

LITERATURE

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