

Some 90-year-old heart attack patients have 'excellent' outcomes with coronary stenting

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Selected patients 90 years and older who experience an acute heart attack, or ST-elevation myocardial infarction (STEMI), have reasonable outcomes with coronary stenting, and should be considered for reperfusion therapy, based on a scientific poster being presented at the 61st annual American College of Cardiology (ACC) scientific session.

Current STEMI guidelines do not specifically address age-related reperfusion decisions, even number though the number of people over 90 years old in the U.S. is expected to quadruple by 2050.

"[Cardiologists](#) are a little unsure when it comes to decision-making for this elderly patient population," explained the study's lead author David M. Larson, MD, chairman of the [emergency department](#) at Ridgeview Medical Center in Waconia, Minn., and physician researcher with the Minneapolis Heart Institute Foundation in Minneapolis. "Previously, we didn't offer many solutions beyond [palliative care](#), but we are seeing more and more patients present to the ER in this age range."

Thus, through a prospective observational registry, he and his colleagues sought to determine the outcomes of STEMI patients 90 years old and older undergoing percutaneous [coronary intervention](#) (PCI) in a regional STEMI system.

From April 2003 to October 2011, 1.9 percent of 3,367 total STEMI patients in the registry were 90 years of age or older. In this study, PCI was performed in 50 nonagenarians. The mortality in these patients was

12.1 percent in the hospital and 15.2 percent at 30 days. Importantly, there were no cardiovascular readmissions to the hospital at 30 days.

"Taking into consideration that these outcomes are based on registry data, these outcomes demonstrate that PCI may be an excellent option for STEMI patients who are 90 year olds or older," said Larson, who adds that most of the patients were able to return to their previous home or assisted-living setting.

In addition, PCI may actually be cost effective in this STEMI population because if the artery is not re-opened, a high percentage of these patients will develop heart failure and/or die. However, more clinical research is needed to solidify these benefits.

Provided by Minneapolis Heart Institute Foundation

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