

# Short hospital stays don't impair STEMI outcomes in seniors

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2.30; 95 percent CI, 1.72 to 3.07) and MACE (HR, 1.75; 95 percent CI, 1.44 to 2.12). Significantly increased 30-day mortality and MACE were seen for patients with a very short LOS (one to two days) versus three- to four-day LOS.

"Early, but not very early (

(HealthDay)—For older patients undergoing primary percutaneous coronary intervention (PCI) for ST-segment elevation myocardial infarction (STEMI), outcomes are similar for discharge after 48 hours versus four to five days, according to a study published in the March 31 issue of the *Journal of the American College of Cardiology*.

Rajesh V. Swaminathan, M.D., from Weill Cornell Medical College in New York City, and colleagues examined whether shorter length of stay (LOS) is safe for [older patients](#) undergoing PCI for STEMI. Data were collected for 33,920 patients with STEMI who were  $\geq 65$  years of age and treated with primary PCI from 2004 to 2009. Overall, 26.9, 46.3, and 26.8 percent of patients had short (no more than three days), medium (four to five days), and long (more than five days) LOS, respectively.

The researchers found that for medium versus short LOS there were no significant differences in 30-day all-cause mortality (hazard ratio [HR], 1.00; 95 percent confidence interval [CI], 0.74 to 1.34) or in major adverse cardiac events (MACE [death, readmission for [myocardial infarction](#), unplanned revascularization]) (HR, 1.03; 95 percent CI, 0.86 to 1.25). For long versus short LOS there were significant increases in adjusted mortality (HR,

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