



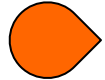
## Déclaration de liens d'intérêt avec les industries de santé en rapport avec le thème de la présentation (loi du 04/03/2002) :

Intervenant : Hugues LEFORT

Titre : Is the management of ST-segment elevation myocardial infarction in patient aged over 80 optimal?



L'orateur ne souhaite pas répondre.

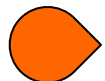


Consultant ou membre d'un conseil scientifique

OUI



NON

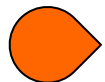


Conférencier ou auteur/rédacteur rémunéré d'articles ou documents

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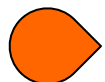


Prise en charge de frais de voyage, d'hébergement ou d'inscription à des congrès ou autres manifestations

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NON



Investigateur principal d'une recherche ou d'une étude clinique

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NON



# Is the management of ST–segment elevation myocardial infarction in patient aged over 80 optimal?

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Violin YL<sup>2</sup>, Dupas F<sup>5</sup>, Lambert Y<sup>1</sup>, Boche T<sup>6</sup>, Juliard JM<sup>7</sup>,  
for the e-Must register.*

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4. Pôle des Urgences, SAMU 91, Centre Hospitalier Sud Francilien – Corbeil, France
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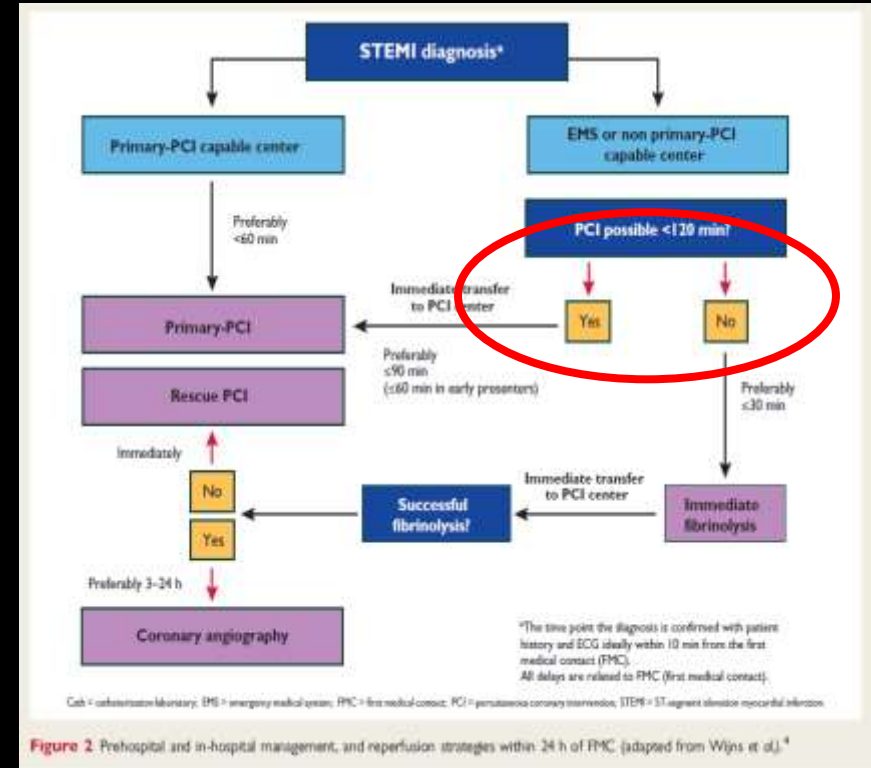


## The Acute Coronary Syndrome with ST-segment elevation (STEMI) is a priority in emergency medicine



European Heart Journal (2012) 33, 2569–2619  
doi:10.1093/eurheartj/ehs215

Do patients  $\geq 80$  years benefit from a management comparable to that of younger patients?



**Objectives: To compare the characteristics of management of STEMI patients  $\geq 80$  years and  $< 80$  years.**



Registre  
e-MUST



[www.cardio-arsif.org](http://www.cardio-arsif.org)

e-Must register



Ile-de-France, prospectif, 41 MICUs, 8 SAMU

STEMI < 24 h - **2 000 inclusions a year**

*Inclusion Criteria for a patient in MICU:*

STEMI < 24 hours

Decision of prehospital reperfusion  
(primary PCI or fibrinolysis)

No transport between hospitals

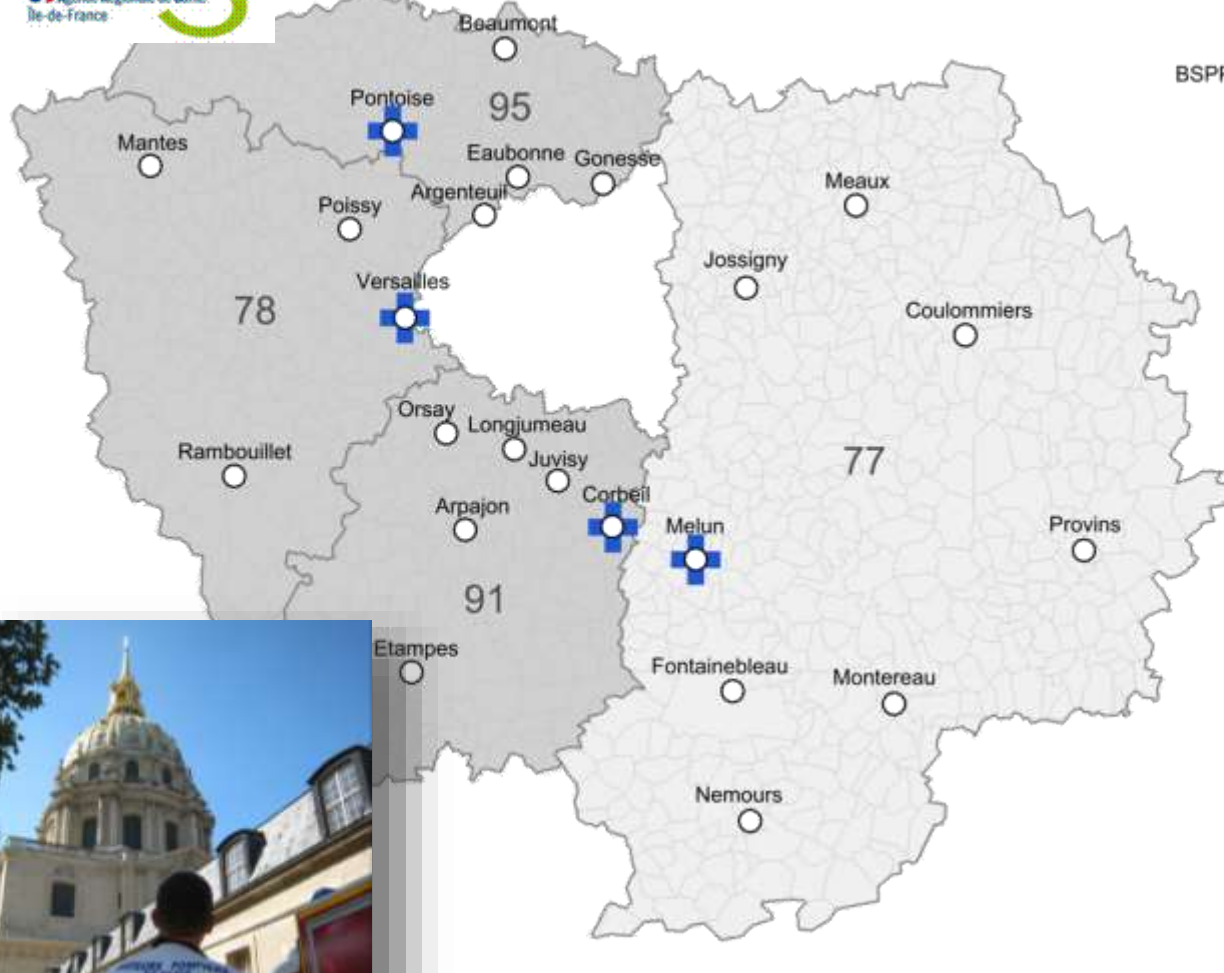
*Khi-2 et Wilcoxon test: significance  $p < 0.05$*



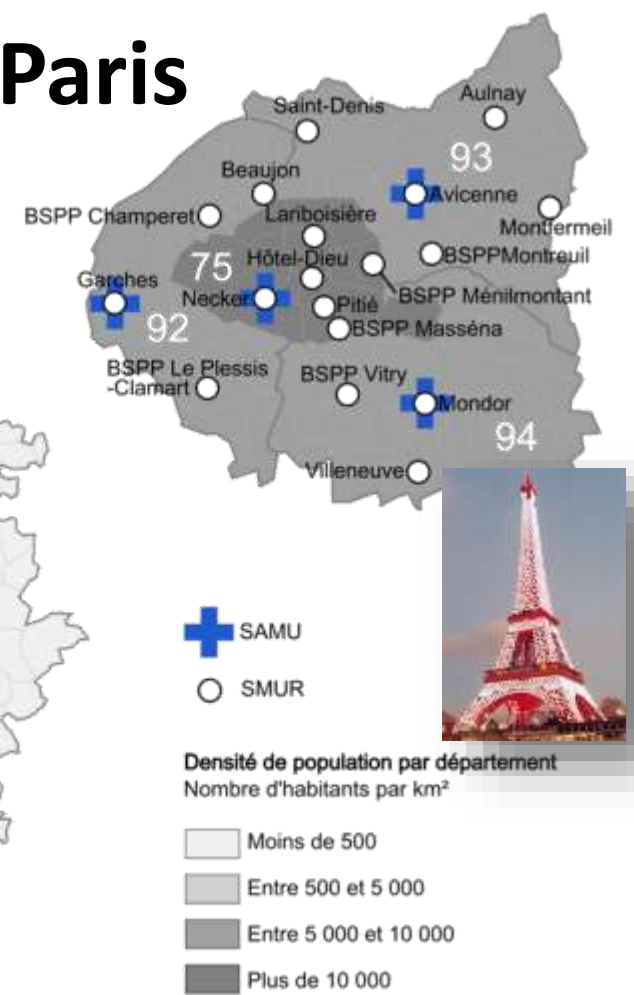
# Repartition of Cath-Lab in Great Paris area



## Great Paris



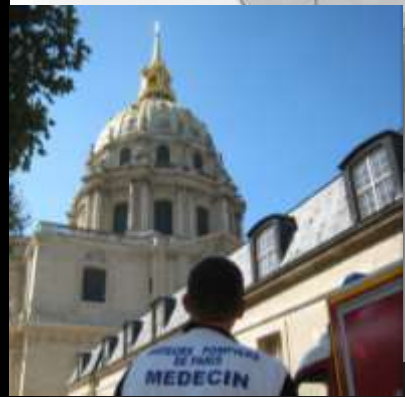
## Paris



- SAMU
- SMUR

Densité de population par département  
Nombre d'habitants par km<sup>2</sup>

- Moins de 500
- Entre 500 et 5 000
- Entre 5 000 et 10 000
- Plus de 10 000



**2003 to 2013 – 18,094 patients included**

**2,502 (14%) > 80 years old – stable since 2013**

<i>Multivariate analysis</i>	<i>&lt; 80 ans</i>	<i>≥ 80 ans</i>	<i>p</i>
Women, % (N)	17 (2 686)	<b>51 (1 261)</b>	<0,0001
Delay to call SAMU after the beginning of pain	57 min.	<b>93 min.</b>	<0,0001
Call to SAMU: general practitioner, % (N)	13 (2 067)	<b>19 (477)</b>	<0,0001
Call to SAMU: cardiologist, % (N)	3 (425)	4 (102)	<0,0001
One criterion of gravity at least, % (N)	18 (2 854)	<b>29 (725)</b>	<0,0001
Decision of unclogging, % (N)	<b>97 (14 652)</b>	83 (2 066)	<0,0001
Primary angioplasty, % (N)	74 (11 513)	75 (1 880)	<b>0,2078</b>
Pre-hospital mortality, %	0,5	<b>1,3</b>	<0,0001
In-hospital mortality, %	3,8	<b>15,7</b>	<0,0001



After adjusting for sex, age < 80 years remains an independent criterion for decision-making of an unclogging (OR = 3.5 [3.1 to 4.0],  $p < 0.0001$ ).

### ***Management of STEMI patients $\geq 80$ years old***

- Less reperfusion decisions
- Call to dispatch center = 83% decision of unclogging
- 74% pPCI
- 7% of non-decision

**Lack of decision-making  $\leftrightarrow$  excess of mortality**

