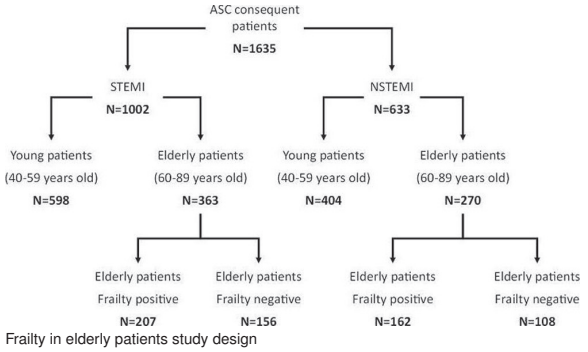
P6293
Role of frailty in one-year outcomes in elderly patients with ACS

F. Paleev[1], E. Sedova[2], K. Prashchayev[3]. [1]*National Medical Reasearch Center of Cardiology, Cardiology, Moscow, Russian Federation;* [2]*Moscow Regional Research Clinical Institute, Cardiology, Moscow, Russian Federation;* [3]*Research Medical Center "Gerontology", Gerontology, Moscow, Russian Federation*

The aim of the study was to evaluate the influence of Frailty on the one-year outcomes in elderly patients presented with ACS.
Methods: The study was organized as a registry of consequent patients who were admitted to the hospital with ACS from the period of 2012 till 2015. 1635 patients were enrolled into the registry. All the patients were treated according to current ESC recommendations on STEMI and NSTEMI management. The study design is presented on the picture. A combination of 5 tests were performed on 4th, 13th, 30th and 180th days after admission to verify Frailty and its severity (Functional mobility assessment in elderly patients; Mini nutritional assessment (MNA); Philadelphia geriatric morale scale; Mini-mental state examination; Barthel index of activities of daily living). Patients were divided into Frailty positive and Frailty negative groups after 13th day, when mobility tests could be performed. All the patients who were died before 13th day were considered not to have Frailty. Patients were monitored for one year and MACE (Major acute coronary events) were measured.
Results: The one-year MACE rate for young patents with STEMI was 7,1% (42 from 598). The one-year MACE rate for elderly patients with STEMI was 20% (73 from 363 treated patients). We identified age as a worth prognose factor for patients with STEMI with OR 3.332 (95% CI 2.222–4.998). From 363 elderly patients with STEMI 207 (57%) had confirmed Frailty. The MACE rate among them was 27,3% (56 from 207) and the MACE rate among Frailty negative elderly patients with STEMI was significantly lower at a level of 10,3% (16 from 156). OR of Frailty in this two groups were 3.245 (95% CI 1.779–5.921). Interestingly, age didn't influence outcomes if comparing young and Frailty free elderly STEMI patients (OR 1.513 95% CI 0.829–2.770). For the patients with NSTEMI we didn't find any significant difference between groups with MACE rate of 7,5 (30 from 404) in young patients, 6,5% (7 from 108) in Frailty negative elderly patients and 9,4 (15 from 162) in Frailty positive elderly patients. OR for age was 1.106 (95% CI 0.623–1.962) and OR for Frailty was 1.472 (95% CI of 0.580–3.740). The proportion of patients with severe and moderate symptoms of Frailty raised up to 37,4% in 1 month and 40,3% at 6 months compared to 20,8% at the hospital when presented with ASC (days 4 and 13).



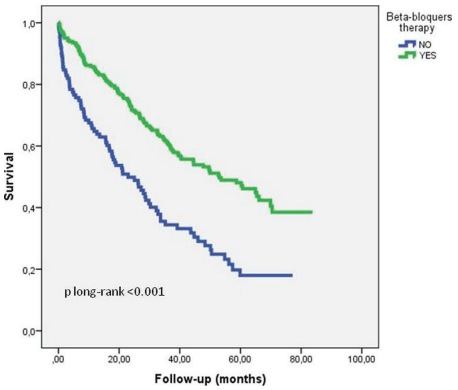
Frailty in elderly patients study design

Conclusion: Our study proved that Frailty is an independent risk factor for elderly patients with STEMI with NNT of 6 to observe the influence of Frailty on major one-year outcomes. We consider that Frailty tests should routinely be performed in elderly patients presented with ASC. Our findings encourage physicians for active treatment of Frailty in elderly patients with STEMI but further studies are needed to confer the hypothesis that active treatment of Frailty can improve the outcomes in this group of patients.

P6294
Beta-blocker therapy in elderly patients with renal dysfunction and low ejection fraction

J. Martinez[1], M. Cortes Garcia[1], A. Devesa[1], A.L. Rivero[1], M. Lopez[1], J.A. Franco[1], M. Taibo[1], S. Briongos[2], J. Farre[1]. [1]*Foundation Jimenez Diaz, Madrid, Spain;* [2]*University Hospital Infanta Leonor, Cardiology, Madrid, Spain*

Introduction: Beta-blockers have demonstrated to reduce mortality in patients with heart failure and reduce ejection fraction (HFrEF). However, there are few data about the benefit of these therapies in patients with chronic kidney disease and even less for elderly patients, where renal dysfunction is relatively frequent.
Purpose: The purpose of this work is to assess the role of beta-blockers in patients with renal failure aged ≥75 years.
Methods: From January 2008 to July 2014 we have recruited prospectively 802 patients aged ≥75 years that had a left ventricular ejection fraction ≤35%. From this group we identified 390 patients with renal impairment at inclusion. Clinical, echocardiographic, electrocardiographic, etc. variables were collected and a prospective follow-up was carried out by consulting their electronic medical records or by telephone.
Results: 390 patients were included. Men represented 62.3% of all the participants, and the mean age was 82.6±4.1 years. Mean ejection fraction was 27.9±6.5%. Ischemic etiology was found in 50.6% of the cases. Glomerular filtration rate (GFR) was between 60 to 45 ml/min/1,73m^2 in 50.3% of patients, 45–30 ml/min/1,73m^2 in 37.4%, and <30 ml/min/1,73m^2 in 12.3%. At the conclusion of follow-up, 67.4% of patients were undergoing treatment with beta-blockers. Chronic lung disease (32,4%), followed by bradycardia (9.0%), asthenia (4,5%) and deterioration of HF (4.5%), resulted to be the most common causes of not taking beta-blockers. Nevertheless in 29.7% of the patients no formal contraindication was found. The mean follow-up was 32±23 months. During the study period, 211 patients (54.1%) died and 257 patients (65.9%) had a major cardiovascular event (death or hospitalization for heart failure). After a multivariate Cox regression analysis, beta-blockers was independently associated with a reduced risk of death (OR 0.51 [0.35–0.74]) (see figure).



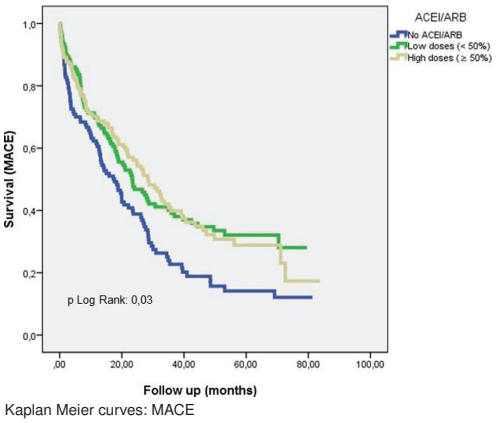
Kaplan-Meier survival curves (mortality)

Conclusion: The use of beta-blockers in elderly patients with HFrEF, and renal impairment was associated with a better prognosis. Despite of that, we found a significant number of patients in which beta-blockers are not used as a therapeutic option. Awareness among professionals about the benefits of using beta-blockers in this kind of patients is needed, in order to promote their use when possible.

P6295
Relationship between different doses of angiotensin-converting enzyme inhibitors/angiotensin receptor blockers and prognosis in elderly patients with low ejection fraction and chronic kidney disease

M. Cortes Garcia[1], J.A. Franco[1], J. Martinez[1], M. Lopez[1], A. Devesa[1], M. Taibo[1], S. Briongos[2], A.L. Rivero[1], J. Tunon[1]. [1]*Foundation Jimenez Diaz, Madrid, Spain;* [2]*University Hospital Infanta Leonor, Cardiology, Madrid, Spain*

Background: Angiotensin-converting enzyme inhibitors/angiotensin receptor blockers therapy (ACEI/ARB) have shown to reduce mortality in patients with heart failure and reduced left ventricular ejection fraction (HFrEF). However, there is lack of information about the benefit of these drugs in patients with chronic kidney disease (CKD), and even less in elderly patients. Our aim is to determine the prognostic impact of ACEI/ARB (with different doses) in this setting.
Methods: From January 2008 to July 2014, we consecutively enlisted 802 patients aged >75 years that had ejection fraction ≤35%. From this group we included 390 patients that had glomerular filtration rate (GFR) ≤60ml/min/1,73m^2. Clinical, echocardiographic and electrocardiographic data were taken from hospital records. Follow-up was made via telephone and hospital records as well.
Results: From the 390 patients included, 62.3% were male and the mean age was 82.6±4.1 years. Mean LVEF was 27.9±6.5%. Ischemic etiology was found in 50.6% of the cases. GFR was between 60 to 45ml/min/1,73m^2 in 50.3% of patients, 45–30 ml/min/1,73m^2 in 37.4%, and <30ml/min/1,73m^2 in 12.3%. Pa-



Kaplan Meier curves: MACE