

Letters

TO THE EDITOR

Early Angiography Use in Patients With Non-ST-Segment Elevation Myocardial Infarction in the United States



Focus on Elderly Patients

In their recent paper, Malta Hansen et al. (1) reported patterns in hospital practices and predictors of early angiography (defined as <24 h) among patients presenting with non-ST-segment elevation myocardial infarction (NSTEMI). One of the findings was a strong association of older age with delayed angiography (>24 h).

This observation deserves particular attention. Although the optimal timing of coronary angiography for NSTEMI has been debated, current guidelines reflect the published reports supporting evidence for early angiography in higher-risk patients (2). These guideline recommendations were also supported in a recent collaborative meta-analysis of 8 randomized controlled trials (RCTs) that suggested lower risk of mortality with early angiography in high-risk patients (3). One of the patient-related factors associated with “high risk” is older age. Multivariate analyses of prior studies have demonstrated age as an independent predictor of adverse cardiovascular outcomes after NSTEMI (4). Furthermore, in a recent meta-analysis of RCTs, we demonstrated that older patients >75 years of age with NSTEMI derive significant benefits from a routine invasive strategy compared with initial conservative strategy (5). However, despite evidence for benefits of a routine (or early) invasive strategy, studies have demonstrated significantly lower rates of invasive (early or delayed) management in older patients (particularly >75 years of age). Similarly, as examined in the study by Malta Hansen et al. (1), older patients are less likely to undergo early angiography.

Two important questions arise from the above findings. First, it highlights physician reluctance regarding evidence-based early angiography in older

“high-risk” patients admitted with NSTEMI. Second, the optimal timing of angiography in older patients remains less defined. Several factors such as chronic kidney disease, a higher bleeding risk, and so on might play a role in the decision regarding early or delayed angiography in older patients. Therefore, future studies should specifically investigate patterns and predictors of timing of angiography in older population.

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TO THE EDITOR

Does Late Lumen Loss Represent a Measure of the Efficacy of Bioresorbable Scaffolds?



In this journal, Han et al. (1) recently reported the 1-year angiographic follow-up of a randomized