P3134 | BEDSIDE
Acute coronary syndrome in young adults

Introduction: The incidence of coronary disease is positively associated with age. However, in recent years there has been an increased incidence of Acute Coronary Syndromes (ACS) in young adults. The cardiovascular risk profile of these patients appears to be different.

Methods: To determine cardiovascular risk factors, clinical presentation, angiographic findings and prognosis of young patients consecutively admitted to ACS in a Coronary Unit over a 3 years period.

Results: The study population consisted of 1367 patients. Males were predominant (77.4%) and the mean age was 63.98±13.22 years old. 81.1% of subjects were aged <45 years (group 1) and 91.88±45 years (group 2). Male gender (p<0.001) and smoking (p<0.001) were more prevalent in group 1. The prevalence of diabetes mellitus (p<0.001), arterial hypertension (p<0.001), stable Angina (p<0.002) and Prior Acute Myocardial Infarction (AMI) (p=0.026) was higher in group 2. No significant differences were observed regarding to the previous diagnosis of dyslipidemia (46.6% of group 1 and 55.3% of group 2). Both groups were overweight (mean BMI 27.39kg/m²).

Conclusions: Our study showed a different profile risk in younger individuals, in which smoking and dyslipidemia were the main modifiable cardiovascular risk factors. This reinforces the need for early institution of primary prevention measures.

P3135 I BEDSIDE
Effect of admission cholesterol levels on acute coronary syndromes’ outcome
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Introduction: Hypercholesterolemia is a major risk factor for ischemic heart disease. Less is known about the impact of cholesterol levels in the course of an acute coronary syndrome (ACS).

Methods: Participants in a nationwide ACS registry who had a complete lipid profile in the first 24 hours after hospitalization were selected. Data on 1694 patients (65.8% of the total number of patients included on the registry) were analyzed. Patients were divided accordingly to LDL-cholesterol (LDL) and HDL-cholesterol (HDL) tertiles. LDL levels were calculated as total cholesterol minus HDL for each patient. The occurrence of in-hospital re-infarction, heart failure and death was compared according to LDL and HDL tertiles.

Results: Patients with lower LDL levels were older (mean age 70.5 years in group T1, 65.1 years in group T2 and 60.9 years in group T3, p<0.001), more frequently diabetic (39.4%, 26.6% and 17.6%, p<0.001), less often admitted with STEMI (41.4%, 46.4% and 49.6%, p<0.001) and underwent percutaneous coronary intervention (PCI) less frequently (41.4%, 46.4% and 49.8%, p<0.001). Multivariate diabetes was more common in group 2 (p<0.001), while the single-vessel disease was more common in group 1 (p<0.001). Group 2 had a worse prognosis, with greater occurrence of heart failure (p<0.001) and death (p=0.047) during hospitalization.

Conclusions: The adverse outcome after PCI in patients with ACS and diabetes is mainly observed in patients with impaired renal function. Therefore an impaired renal function indicates advanced atherosclerosis and a higher mortality risk even more accurate than diabetes alone.