

Clinical profile of acute coronary syndrome in the elderly in a peripheral health center

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Background: Age is a key factor influencing outcomes for patients with acute coronary syndromes (ACS). However, in community practice, there is a noticeably lower utilization of cardiovascular medications and invasive treatments among elderly patients with ACS, even though these patients would greatly benefit from them. Elderly patients with ACS present a unique challenge for clinicians, as they often have significant comorbidities.

Data: We conducted a retrospective study involving 25 consecutive elderly patients who underwent invasive management (coronary angioplasty) and 25 consecutive elderly patients who received conservative management at our cardiac center for ACS from January 2024 to November 2024. We meticulously recorded baseline parameters, the specific treatments, and the corresponding outcomes. Our primary endpoints for analysis were mortality and morbidity, with a particular focus on recurrent hospital admissions during the six-month follow-up period.

Characteristics of Study population:

Conclusion: In our study, we established that morbidity rates were significantly lower in individuals who underwent an invasive line of management compared to those who received conservative treatment. The invasive approach outperformed conservative management during a six-month follow-up, effectively preventing hospital admissions and greatly enhancing quality of life.

Moreover, we found that drug tolerance among our participants was on par with that of the general population. There were no serious adverse effects reported, such as major or minor bleeding, contrast-induced nephropathy, statin-induced myopathy, or renal failure. Our data revealed that 100% of the study population received dual antiplatelet therapy, statins, and heparin. Additionally, more than 70% of participants successfully tolerated beta blockers and angiotensin-converting inhibitors (ACI), demonstrating the effectiveness and safety of our treatment strategies.

Audience Take-Away Notes

- As the incidence of elderly individuals hospitalized due to acute coronary syndrome (ACS) escalates, it becomes increasingly crucial to implement effective therapeutic strategies specifically designed for this demographic.
- Research indicates that percutaneous coronary intervention (PCI) is relatively safe for older patients and demonstrates greater efficacy compared to reliance on medical management alone in terms of reducing morbidity and mortality within this population.
- Additionally, adherence to established guidelines and the enhancement of hospital care for elderly patients presenting with ACS holds significant potential to decrease both morbidity and mortality rates, thereby emphasizing the necessity for targeted treatment approaches.

Biography

Raghul Ganesapandi completed his undergraduate studies at J.S.S. Medical College in Mysore and earned his postgraduate degree in Internal Medicine at MGER University in Chennai. He was a Registrar in Cardiology at Apollo Hospitals for a year before obtaining his DM in Cardiology from PSG Hospital in Coimbatore. After two years as a Consultant at Apollo Hospital and another two years at Meenakshi Hospital, he is now the Director of the Cath Lab and Senior Consultant Cardiologist at JP Heart Institute in Pollachi. He is an international associate fellow of the European Society of Cardiology; he became a fellow of the Society of Cardiovascular Angiography and Intervention in 2022 and has contributed significantly to cardiology research and literature.

Received: November 06, 2024; **Accepted:** November 08, 2024; **Published:** March 17, 2025
