Half of ACS Patients Rehospitalized Yearly

BY BRUCE JANCIN
Denver Bureau

ORLANDO, FLA. — Nearly half of patients hospitalized for acute coronary syndrome at one large HMO were rehospitalized for cardiovascular disease within the next 12 months, Stephen Sidney, M.D., reported at the annual meeting of the American College of Cardiology.

Within 12 months, 29% of the patients were readmitted for acute coronary syndrome (ACS). Adding admissions for other manifestations of coronary heart disease as well as those for heart failure and stroke, a total of 46% of patients were rehospitalized for cardiovascular disease within 12 months of their index hospitalization for ACS.

Nearly 10% were rehospitalized for coronary revascularization via coronary artery bypass surgery, and 7.4% were admitted for percutaneous intervention.

One-year mortality following the index hospitalization was 17%, and nearly two-thirds of the deaths were attributed to cardiovascular disease, added Dr. Sidney of Kaiser Permanente in Oakland, Calif.

Few data are available on 1-year outcomes after hospital discharge for ACS, so Dr. Sidney and his coinvestigators analyzed computerized records for 14,852 patients admitted for ACS to Kaiser Permanente of Northern California hospitals during 1999-2000. The hospitalization rate for ACS was 5.7 cases per 1,000 person-years among subscribers to the prepaid health plan, which provides coverage to 30% of the population in the San Francisco Bay Area.

At the index hospitalization, 31% of patients were hypertensive, 35% were diabetic, and 28% were hyperlipidemic. The relationships between these risk factors and the risks of rehospitalization differed in intriguing ways. For example, in a multivariate analysis, hyperlipidemic patients were 40% more likely to be rehospitalized for unstable angina within 12 months than were nonhyperlipidemic patients, but they were 32% less likely to experience MI.

In contrast, hypertension was associated with a 14% increased risk of rehospitalization for unstable angina but no significantly increased risk of rehospitalization for MI. Patients aged 65 or older were 16% more likely than were younger ACS patients to be rehospitalized for MI, but 12% less likely to be rehospitalized for unstable angina.

Diabetic patients had a 26% greater likelihood of being rehospitalized for MI and a 14% increased risk of rehospitalization for unstable angina compared with nondiabetics. The Kaiser study was funded by Eli Lilly & Co. ■

More Men Than Women Are Receiving ICDs

ORLANDO, FLA. — Men with heart failure and/or bundle branch block appear to be preferentially treated more aggressively with implantable devices than are women with similar health status, a review of nearly 11,000 cases suggests.

The 10,931 patients, of whom 4,138 (38%) were women, were listed in an administrative database and represented consecutive admissions to any of numerous hospitals owned by Hospital Corporation of America. All had a diagnosis of heart failure and/or bundle branch block and underwent a primary procedure of pacemaker, cardiac resynchronization therapy pacemaker (CRT-P), implantable cardioverter defibrillator (ICD), or cardiac resynchronization therapy defibrillator (CRT-D) implantation, Robert Fishel, M.D., reported at an international conference on women, heart disease, and stroke.

Women received 52% of the pacemakers, 33% of the CRT-Ps, 22% of the ICDs, and 21% of the CRT-Ds implanted, said Dr. Fishel of the J.F.K. Medical Center, Atlantis, Fla. Logistic regression analysis showed that men were significantly less likely than women to receive a pacemaker (odds ratio 0.35) and more likely to receive an ICD (odds ratio 1.34) or CRT-D (odds ratio 1.48). There was no significant difference in device utilization of CRP-Ps between sexes.

Further research is needed to determine if the differences in device use among men and women have any long-term effects on outcomes in women, he said.

—Sharon Worcester

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