METHODS

Primary endpoint

For each group we compared clinical and laboratory features and adverse events.

RESULTS

Baseline patients’ characteristics on admission

AIM

BACKGROUND

• It is known that patients with previous vascular disease (PVD) have a poorer outcome than those without these previous conditions, and prognosis worsens as the number of affected vascular beds increases.

• The importance of polyvascular disease resides in reported evidence that atherosclerotic involvement of ≥ 1 vascular territories leads to underuse of medications with proven benefits and fewer coronary revascularization treatments, which has an adverse impact on the clinical course during hospitalization and at follow-up.

CONCLUSION

• Patients with previous vascular disease had higher prevalence of risk factors.

• Presence of previous vascular disease was associated to higher in-hospital and 6-month mortality.

• History of IHD was associated with higher mortality during hospitalization and at follow-up, although it was not an independent predictive factor in the adjusted analysis.

• Patients with previous cerebrovascular disease were older, more women, had more comorbidities and were less prescribed beta-blockers and ACE-Inhibitors.

• Previous cerebrovascular disease remained as a strong predictor of 6-month mortality in patients admitted with acute coronary syndrome.

LIMITATIONS OF STUDY

• Single Centre study.

• Drawbacks inherent to retrospective and observational studies, such as unadjusted bias.

• Based on a vast period of time, where many changes on treatment of ACS were observed.

The authors have nothing to declare.