Editorial Comment

Elderly patients are doing better with PCI during ST segment elevation myocardial infarction

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Elderly patients constitute a growing part of the ST segment elevation myocardial infarction (STEMI) population. By nature of their co-morbid conditions and other factors, elderly patients have a higher absolute rate of mortality and risk of complications from STEMI. It is for this very reason that rapid and complete optimal reperfusion therapy is essential. Unfortunately, little research has focused exclusively on elderly STEMI patients, and therefore what defines optimal reperfusion therapy in elderly patients is unclear. On the contrary, randomized clinical trials often specifically exclude patients older than age 75 because of their increased risk for complications. The increased absolute rate of mortality and complications is precisely what often prevents physicians from attempting early, aggressive management of patients.

The important work of Han et al. sheds light on the management of this expanding segment of the STEMI population. Patients treated with percutaneous coronary intervention (PCI) fared better than non-invasively managed patients in the study. The rate of PCI success was high (over 98%) and the rate of complications was acceptable. Mortality in the PCI group was cut in half, and among patients with pump failure on admission, the absolute decline in mortality was dramatic (27.3% vs 60.9%, P < 0.05).

While this single center study has several limitations, including the non-randomized selection of patients for PCI or medical management, the results are an important contribution to our understanding of the management of the elderly patient. Further work such as that by Han et al. is needed to more clearly establish the optimal reperfusion strategy in elderly STEMI patients, and further education of physicians is needed to ensure these strategies are applied in clinical practice and to overcome the reluctance of many physicians to aggressively treat the elderly.

References