Original Research Paper

Volume - 13 | Issue - 03 | March - 2023 | PRINT ISSN No. 2249 - 555X | DOI : 10.36106/ijar

General Medicine

CLINICAL PROFILE OF ACUTE MI IN ELDERLY PATIENTS COMPARED TO YOUNGER PATIENTS

Dr.Nakireddy Nimitha Senior Resident, Department Of General Medicine, Bhaskar Medical College And Hospital, Yenkapally,Moinabad,500075, Telangana,India

Dr.Sparsh Poddar* Post Graduate, Department Of General Medicine, Bhaskar Medical College And Hospital, Yenkapally,Moinabad,500075, Telangana,India *Corresponding Author

Dr.Taha Mahboob Ali Khalid Department Of General Medicine, Bhaskar Medical College And Hospital, Yenkapally,Moinabad,500075, Telangana,India

KEYWORDS : Acute Myocardial Infarction,Hypertension, Thrombolytic Therapy

INTRODUCTION:

Coronary Artery Disease is the leading cause of cardiovascular death and elderly population are more prone for Acute Coronary Syndrome because of the associated co-morbities and this associated a greater number of complications with ACS.

Objective: The objective of the study was to analyze and compare baseline characteristics, risk factors, clinical presentation, complications and outcomes.

Materials and methods: An observational cross-sectional study. The subjects fulfilling criteria given by ACC/AHA for AMI were included. Subjects of stable and unstable angina were excluded. A total of 75 cases of acute myocardial infarction admitted in ICU during January 2021 to January 2022 were enrolled.

Inclusion Criteria

- Subjects fulfilling any of the following 2 criteria out of 3 were included in study
- Typical symptoms (angina).
- Typical pattern of ECG - ST segment elevation of ≥ 0.1mv in at least two consecutive leads (ST elevation ≥0.2mV in V1 through V3 and ≥0.1mV in other leads) or abnormal Q waves (>40ms) in at least 2 contiguous leads.
- Elevated enzyme levels (Troponin or CPK-MB elevation).
- Exclusion criteria: Subjects of stable and unstable angina and NSTEMI were excluded

Investigations:

ECG
TROPONIN - I
CPK-MB

RESULTS:

A total of 75 cases were included, of which 35 (46.7%) belonged to age <60 years and 40 (53.3%) belonged to age ≥60 years. Hypertension was more common in elderly (62.5% vs 51.4%) while smoking was more prevalent in younger group (43% vs 32%). Atypical chest pain and no chest pain was higher in elderly (35% vs 17%) and (17% vs 5%) respectively . Thrombolytic therapy was underutilized in elderly (42.5% vs 80%). Heart failure, cardiogenic shock, arrhythmias, Cva and cardiac arrest were higher in elderly (53% vs 28.5%) , (13% vs 6%), (43% vs 30%), (13% vs 3%) and (10% vs 6%) respectively.In hospital mortality was higher in elderly (32% vs 17%).

DISCUSSION

Coronary heart disease is the leading cause of death among elderly patients.

Although, chest pain is the most common presentation of AMI in elderly patients, they are also known to present with atypical symptoms such as giddiness, dyspnea, vomiting, sweating, and epigastric pain in the absence of chest pain.

Elderly patients have changes in pain perception and altered ischemic thresholds, but the exact explanation for atypical pain syndromes is not known.Coronary heart disease is the leading cause of death among elderly patients.

Although, chest pain is the most common presentation of AMI in elderly patients, they are also known to present with atypical symptoms such as giddiness, dyspnea, vomiting, sweating, and epigastric pain in the absence of chest pain.

Elderly patients have changes in pain perception and altered ischemic thresholds, but the exact explanation for atypical pain syndromes is not known.

CONCLUSION:

Elderly(>60yr) population with AMI have different baseline risk factors and and higher proportion had atypical presentation. With increasing age, the preponderance of male patients with AMI admitted to the hospital decreases and sex ratio becomes smaller. Thrombolytic therapy is grossly under utilized in elderly. Complications of AMI like heart failure, tachyarrhythmias ,cardiogenic shock, arrhythmia , cva, cardiac arrest and mortality of AMI was also higher in elderly population.

REFERENCES

1. Harrison's textbook of internal medicine,21st edition
2. Braunwald's Heart Disease : A Textbook of Cardiovascular Medicine,11th edition
3. Bayer A.J., Chadha J.S., Farag R.R., Pathy M.S. Changing presentation of myocardial infarction with increasing old age. J Am Geriatr Soc. 1986;34:263–266
4. Smith S.C., Jr. Drug treatment after acute myocardial infarction: is treatment the same for the elderly as in the young patient? Am J Geriatr Cardiol. 1998;7:60–64.
5. Clinical profile of acute myocardial infarction in elderly patients,Lovleen C. Bhatiaa, and Ruchi H. Naikb