ABSTRACT

BACKGROUND AND OBJECTIVE: Coronary heart disease is the leading cause of death among elderly patients. Although chest pain is the most common presentation of acute myocardial infarction (AMI) in elderly patients, they have also been reported to present with atypical symptoms such as giddiness, dyspnoea, vomiting, sweating and epigastric pain with out chest pain. The aim is to determine the differences in presentation, risk factors, short term complications and outcome in patients with the age of 60 years or older.

METHODS: This is a prospective study conducted in elderly patients admitted to Narayana medical college and hospital with the diagnosis of acute myocardial infarction during February 2018 to April 2019. Total of 80 elderly patients satisfying the criteria were included and their clinical profile was recorded.

RESULTS: Among the fifty patients the majority of the patients are with the age of 60-69 years. Sixteen percent of the patients presented without chest pain. The patients presented with atypical symptoms included dyspnoea, giddiness, vomiting, sweating and epigastric pain. Mortality rate was 18%.

CONCLUSION: This study showed that even though chest pain was the most common presentation in elderly AMI patients, they were also found to have atypical presentations like shortness of breath, giddiness, vomiting, sweating and epigastric pain. Knowledge of these atypical presentations will help us to consider an acute cardiac event when the elderly present atypically.
Among the 50 patients, 8 patients had no chest pain. Out of the 8 patients, 3 patients had only complaints of dyspnoea, two patients had only symptoms of giddiness, two had only vomiting and sweating and one presented with epigastric pain without chest pain.

Figure 2: Time interval from the onset of symptoms to presentation

Commonest risk factor found was smoking in 58% of the patients. Next common was hypertension (36%) followed by hypercholesterolemia (30%) Only 80% patients were thrombolysed. The main reason for not thrombolysing was delayed presentation to hospital.

Among the 25 patients (50%) who were thrombolysed, 3 patients died while 6 of the 25 patients who were not thrombolysed died. However, with the P value being 0.462 no statistical significance was noted in the study.

Out of the 26 patients who belonged to the age group 60-69 years, 4 patients died. Three patients died in the age group 70-79 years and 2 patients in the age group >80 years. There is no statistical significance noted (p=0.743).

Of the 14 female patients, 4 patients died and of the 36 male patients 5 patients died. P value is 0.225 which is not significant. So in this study mortality rate is not influenced by sex in elderly MI patients.

Comparing the mortality rate among those who presented with chest pain with those who did not have chest pain, no statistical significance was noted (P =0.287). In this study mortality rate was not significantly high in those who presented without chest pain.

Figure no.4: Mortality in relation to hypertension

No significant increase in mortality rate was seen among diabetics when compared to non diabetics in this study (P value is 0.213).

In this study, mortality rate was not higher among smokers (P value is 0.874).

DISCUSSION

In the present study, 72% of the patients were males, with a male to female ratio of 2.87:1. In a study which compared the clinical picture of elderly MI patients with that of young patients, it was seen that the male and female ratio was 3:1 and in young MI patients while it was 1.37:1 in elderly MI patients. In this study although chest pain was the commonest symptom, 16% of the patients are not having chest pain on presentation to hospital. The atypical presentations noted were shortness of breath, giddiness, vomiting, sweating, epigastric pain. A study which compared elderly and young...
Mi patients, atypical presenting symptoms were more likely in the elderly patients than in young (333.7% vs 10.7%). Only 58% of patients presented to the hospital within 12 hours of onset of symptoms. This has accounted for one of the major reasons for not thrombolysing the patients.

In this study, among the risk factors, commonest risk factor was smoking (58%). 36% patients were hypertensives, 30% had hypercholesterolemia and 28% were diabetics. Inferior wall MI was seen in 48% of the patients, anterolateral MI in 26% patients and anteroseptal in 22% of the patients. Non ST elevation was seen in 4% of the patients. Unlike this, a previous study comparing elderly and young MI patients found that more than half of the elderly patients with MI had a non diagnostic ECG. 50% had elevated CKMB levels > 2 times the upper limit of normal. In this study with increasing age no increase in mortality was observed. Mortality rate was not influenced by risk factors such as hypertension, diabetes mellitus and smoking in this study.

CONCLUSION

• Current study is a descriptive cross sectional study including 50 elderly MI patients.
• 52% of the patients belonged to the age group 60-69 years.
• A male preponderance was observed with a male to female ratio of 2.57:1.
• Although commonest presenting symptom was chest pain, atypical presentations were seen in 16% of the patients which included dyspnoea, giddiness, vomiting and epigastric pain.
• 42% of the patients presented 12 hours after the onset of symptoms.
• Common risk factors noted in this study were smoking, hypertension, diabetes mellitus.
• Inferior wall MI was seen in 48% of the patients, anterolateral MI in 26% of the patients and anteroseptal MI in 22% of the patients. Non ST elevation MI was seen in 4% of the patients.
• Only 50% patients were thrombolysed.
• The common complications seen were acute pulmonary oedema due to cardiac failure, cardiogenic shock and arrhythmias.
• Mortality rate was 18%.

SUMMARY

This study shows that even though chest pain is the most common presentation in elderly AMI patients, they can also present with atypical symptoms such as shortness of breath, giddiness, vomiting, sweating and epigastric pain in the absence of chest pain. Knowledge of these atypical presentations will help us to consider an acute cardiac event when the elderly present atypically.

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