

Multiple factors motivate no reperfusion in STEMI

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Image courtesy of Blausen Medical

For patients presenting with ST-segment elevation myocardial infarction, the decision for no reperfusion is usually multifactorial, with the most common factor being advanced age, according to a study published in the Aug. 15 issue of *The American Journal of Cardiology*.

(HealthDay) -- For patients presenting with ST-segment elevation myocardial infarction (STEMI), the decision for no reperfusion is usually multifactorial, with the most common factor being advanced age, according to a study published in the Aug. 15 issue of *The American Journal of Cardiology*.

To examine the reasons underlying the decision not to give [reperfusion](#) in patients with STEMI and the outcomes for these patients, Frances O. Wood, M.D., from William Beaumont Hospital in Royal Oak, Mich., and colleagues identified 139 patients (mean age, 80 years; 61 percent women, 31 percent with diabetes, and 37 percent with known [coronary artery disease](#)) from a total of 1,126 patients with STEMI who did not undergo reperfusion therapy at a high-volume percutaneous coronary intervention center, from October 2006 to March 2011.

The researchers found that 52 percent of the 139 patients presented with primary diagnoses other than STEMI, and 28 percent developed STEMI more than 24 hours after admission. Advanced age, comorbid conditions, acute or chronic kidney injury, delayed presentation, advance directives

precluding reperfusion, patient preference, and dementia were the most common reasons for no reperfusion. Sixty percent of the patients had three or more reasons for no reperfusion. Cardiogenic shock, intubation, and advance directives prohibiting reperfusion after physician consultation were associated with hospital mortality. In-hospital mortality was 53 percent and one-year mortality was 69 percent.

"The decision for no reperfusion was multifactorial, with advanced age reported as the most common factor," the authors write. "Outcomes were poor in this population, and fewer than half of these patients survived to hospital discharge."

One author disclosed [financial ties](#) to pharmaceutical and medical device companies.

More information: [Abstract](#)
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