Is primary angioplasty better than thrombolytic therapy in elderly patients with acute myocardial infarction? An insight from the Global Registry of Acute Coronary Events (GRACE)

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Background: Little is known about the effectiveness of primary PCI over thrombolytic therapy in elderly patients with AMI in the current era of stents and antithrombotic agents, particularly from a multinational, community-based perspective.

Methods and results: Data were evaluated from 2212 AMI patients aged ≥65 years with ST-elevation or LBBB on ECG. All were eligible for standard reperfusion therapy. Of these, 11.4% underwent primary PCI (median delay 121 min, IQR 65, 330 min) and 31.7% received thrombolytic therapy (median delay 40 min, IQR 25, 70 min). Patients who underwent PCI tended to be sicker than those who received thrombolytic therapy, and were more likely to be given clopidogrel, ticlopidine, LMWH and GP IIb/IIIa antagonists.

Conclusion: Primary PCI is associated with reduced adjusted hospital mortality and reinfarction rates in elderly patients with AMI.

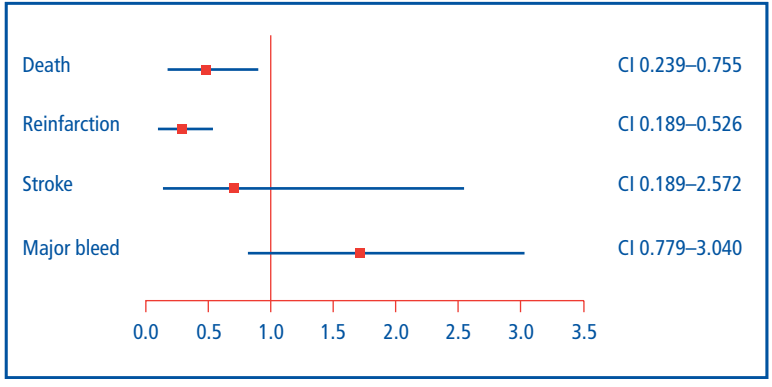

Figure. Adjusted OR for primary PCI with reference to patients treated with thrombolytic therapy