

## Prognostic implications of peripheral vascular disease in patients with acute coronary syndromes: insights from the Global Registry of Acute Coronary Events (GRACE)

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**Background:** PVD is a significant risk factor for future cardiovascular events. The risk of cardiovascular mortality is increased three- to sixfold in individuals with PVD. Individuals with PVD have significantly more comorbidities. Whether the increased risk is related to PVD itself or to associated baseline characteristics and comorbidities is not well understood.

Outcome	Unadjusted OR (95% CI)	Risk-adjusted OR (95% CI)
Cardiogenic shock	1.36 (1.10, 1.67)	1.22 (0.94, 1.58)
Death	1.51 (1.25, 1.82)	1.26 (1.00, 1.60)
Major bleeding	1.45 (1.16, 1.82)	1.22 (0.96, 1.56)
Recurrent angina	1.21 (1.10, 1.35)	1.12 (1.00, 1.25)
Reinfarction	0.88 (0.60, 1.31)	0.87 (0.58, 1.30)
Stroke	0.79 (0.47, 1.33)	0.79 (0.47, 1.33)

**Table.** Risk-adjusted OR for hospital events. Adapted from D. Mukherjee.

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**Methods and results:** Data from 17,666 ACS patients were analyzed, 10.6% of whom had a history of PVD. Compared to those without PVD, patients with were significantly older, had more comorbidities and were less likely to undergo coronary angiography or revascularization. The unadjusted mortality rate was significantly higher in patients with PVD (OR 1.51, 95%CI 1.25–1.82). After adjustment for demographics and comorbidities, PVD ceased to be a significant predictor of mortality (1.26, 1.00–1.60).

**Conclusions:** ACS patients with PVD were older, had a higher incidence of comorbidities and significantly worse outcomes compared to those without PVD. Adverse outcomes were largely explained by differences in disease characteristics between patients with and without PVD.