

## Is low risk no risk? Management of low-risk patients presenting with acute coronary syndromes in the Global Registry of Acute Coronary Events (GRACE)

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**Background:** The importance of early risk stratification in the management of ACS has been emphasized recently in clinical guidelines. Patients with ST-segment elevation and elevated levels of the Tn cardiac marker are predicted to be at higher risk of ischemic events, but patients without cardiac markers may also be at risk.

**Methods:** GRACE is a multinational, prospective registry of unselected patients hospitalized with ACS. This analysis included patients who presented with an admission diagnosis of UA, without dynamic ST-segment elevation or hemodynamic or arrhythmic instability, or without elevated levels of cardiac markers.

**Results:** Of 5002 patients with UA, 1055 were defined as being at low risk of ischemic events. Abnormal electrocardiographic changes were seen in 39% of patients, of which nearly one-third were T-wave changes. Discharge medications included aspirin (78%), beta-blockers (62%), nitrates (51%), calcium antagonists (35%), ACE inhibitors (36%) and statins (53%). In the 6-month period after hospital discharge, 17% of patients were readmitted, 9% revascularized, 0.3% had an MI and 2% died. Patients who were not prescribed statins at discharge were twice as likely to be readmitted as those who received statins (OR 1.94, 95% CI 1.3–2.81). Revascularization

was predicted by the presence of at least one stenosis >50% (OR 1.8, 95% CI 1.18–2.85), and by the nonuse of beta-blockers at discharge (OR 2.23, 95% CI 1.26–3.95).

**Conclusion:** Low-risk patients with ACS remain at risk of some adverse events after discharge from hospital. The use of medications at discharge can alter this risk.