In patients admitted for an Acute Coronary Syndrome, the presence of anemia is a prognostic predictor. However, the risk scores used for prognostic stratification don’t include this variable.

Population and Methods

• Study of 1423 consecutive patients (mean age 64 ± 13 years, 69% males) admitted at our Intensive Care Unit between January 2005 and December 2008, included in a single-center registry for Acute Coronary Syndromes.

• We evaluated demographic and anthropometric variables, risk factors for coronary disease, previous coronary heart disease, clinical and laboratorial data on admission and treatment provided. The occurrence of 30-day and one-year mortality was evaluated.

• We identified patients with anemia (hemoglobin < 12 g/dL in women and < 13 g/dL in males). Patients were divided according to GRACE risk score in low (<126), intermediate (126 – 154) and high risk (> 154).

• Statistical analysis: Continuous variables are expressed as mean and SD and were compared with Students’ t-test. Categorical variables are expressed as percentage and were compared with Chi-square test. Mortality predictors were identified by multivariate logistic regression analysis. A p-value < 0.05 was considered statistically significant.

CONCLUSIONS

Our data confirm that anemia is an important independent predictor of short- and medium-term mortality after Acute Coronary Syndrome. Combined with GRACE risk score, it improves risk stratification and should be included in the prognostic evaluation of these patients.