LIVING ALONE IS ASSOCIATED WITH A POORER PROGNOSIS OF INCIDENT ACUTE CORONARY SYNDROME

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Purpose:
To determine whether living alone vs. living with a spouse is associated with a poorer prognosis in cases of first acute coronary syndrome (ACS).

Methods:
The population-based FINAMI Myocardial Infarction register recorded 2,526 cases of incident ACS among men and women aged 35-64 years in Finland in 1993-2002. Record linkage with the files of Statistics Finland provided us with information on sociodemographic characteristics prior to the event. Case fatality (CF) was determined as the proportion of fatal events of all events at different points in time (before hospital, 28 days and one year) after the onset of the event.

Results:
CF of men and women living alone was significantly higher at all time points than the CF of men and women living with someone (Table). No differences by sociodemographic characteristics were observed in the proportions of patients reaching the hospital in less than 4 hours after the onset of symptoms. However, 20% (95% CI 16-23) of men living alone received thrombolysis, while the proportion was 31% among men living with one person (95% CI 28-34) or more (95% CI 28-35). No such differences were found among women. The proportions of patients undergoing revascularization during the first 28 days did not differ by sociodemographic characteristics, either.

Conclusions:
Single living is associated with a higher CF of incident ACS. Most of this difference seems to be due to a greater proportion of sudden prehospital coronary deaths among people living alone but the differences remained significant at least until one year after the onset of the event. The differences cannot be fully explained by delays in hospitalization or differences in access to thrombolysis or revascularization.

Conflicts of interest: None declared.