Patients on Chronic Warfarin Therapy Who Present With an Acute Coronary Syndrome are at High Risk and Receive Delayed and Inadequate Treatment

Philippe Gabriel Sina, Hospital Brou, Paris, France; Yves Cotten, CHU de Bicardi, Paris, France; Gilles Monnet, CHU de Bicardi; University Puja-Sapura, Pisa, France; Franck van der Velden, Ziekenhuis Gentbrugge, Leuven, Belgium; Dietrich O. Schulte, Klinikum der Johannes Gutenberg-Universitat, Mainz, Germany; André A. Fuster, The University of Miami, Miami, Florida; Michael W.局局长, Massachusetts General Hospital, Boston, MA; Nathan R. Goldman, Brigham and Women's Hospital, Boston, MA; Christopher B. Grimes, Duke University Medical Center, Durham, NC; Thomas Tocchio, Hospital Brou, Paris, France; Rebecca Redfield, University of Massachusetts Medical School, Worcester, MA; Christopher B. Grimes, Duke University Medical Center, Durham, NC; Nathan R. Goldman, Brigham and Women's Hospital, Boston, MA;

Background: Little is known about the subset of patients with an acute coronary syndrome (ACS) who are on chronic warfarin therapy. Hysterectomy patients with ACS who have a history of chronic warfarin therapy, are more likely to present with hospitalization and outcomes. Methods: Between 1996 and 2005, 1,359 ACS patients were entered into the multicenter GRACE registry. We compared baseline characteristics, hospital treatments, and outcomes of patients on chronic warfarin to those not on warfarin. Results: 26.6% of ACS patients were on chronic warfarin. 55% of whom had a history of atrial fibrillation or a history of heart failure. In-hospital procedures, including percutaneous coronary intervention (PCI) and coronary artery bypass grafting (CABG), were more frequent in those with chronic warfarin. The median length of stay for those on chronic warfarin was 7 days, compared to 5 days for those not on chronic warfarin. Conclusions: ACS patients on chronic warfarin were more likely to receive reperfusion therapy. In-hospital mortality was also lower among patients on chronic warfarin. In-hospital mortality among those on chronic warfarin was lower than among those not on chronic warfarin.

The Impact of Race and Insurance Status on Utilization Rates and Outcomes after Coronary Artery Bypass Grafting Surgery in the Commonwealth of Massachusetts

G M Shapira, Amil Kasir, Emeka Benjamin, Boston Medical Center, Boston, MA; Jami Levet, Boston, MA; Elizabeth Blanchard, Harvard Medical School, Boston, MA; Andrew K. Mahtani, David J. Towbin, Massachusetts General Hospital, Boston, MA; Richard S. Sherman, Beth Israel Deaconess Medical Center, Boston, MA; Stephen L. Mader, Massachusetts General Hospital, Boston, MA;

Background: The logistics in Massachusetts (MA) have recently enacted comprehensive reforms to reduce healthcare costs. Previous studies have suggested that race and insurance status vary among cardiac patients undergoing CABG. Methods: We used the MA high-risk coronary artery bypass grafting database to identify 22,000 patients who underwent CABG between 2001 and 2005. We assessed the association of race and insurance status with utilization rates and outcomes after coronary artery bypass grafting (CABG). Results: The median length of stay for those on chronic warfarin was 7 days, compared to 5 days for those not on chronic warfarin. The median length of stay for those on chronic warfarin was higher than for those not on chronic warfarin. Conclusions: The median length of stay for CABG was lower for those on chronic warfarin than for those not on chronic warfarin. In-hospital mortality among those on chronic warfarin was lower than among those not on chronic warfarin.

Characteristics of Patients with ST-Segment Elevation Myocardial Infarction Who Refuse But Have No Contraindications to Reperfusion Therapy: The Do Not Reperfusion Study

Ezio Grassi, Isidore, Wayne State University of Medicine, Detroit, MI; Laton Subar, Wayne State University, Detroit, MI; David J. Towbin, Wayne State University, Detroit, MI; Jennifer B. Van Rheenen, Detroit, MI; Jennifer B. Van Rheenen, Detroit, MI; Jennifer B. Van Rheenen, Detroit, MI;

Background: Differences in mortality between weekend and weekday admission for acute myocardial infarction (AAMI) are complex and not well understood. Previous studies have suggested that the differences in mortality between weekend and weekday admission are complex and not well understood. Previous studies have suggested that the differences in mortality between weekend and weekday admission are complex and not well understood. Previous studies have suggested that the differences in mortality between weekend and weekday admission are complex and not well understood. Previous studies have suggested that the differences in mortality between weekend and weekday admission are complex and not well understood.

Differences in Mortality between Weekend and Weekday Admission for Acute Myocardial Infarction (AAMI) in New York State (NY) During the Year 2000

Robert J. Packer, University of Rochester Medical Center, Rochester, NY; Robert J. Packer, University of Rochester Medical Center, Rochester, NY; Robert J. Packer, University of Rochester Medical Center, Rochester, NY; Robert J. Packer, University of Rochester Medical Center, Rochester, NY; Robert J. Packer, University of Rochester Medical Center, Rochester, NY;