Comparison of early and long-term outcomes in patients with chronic coronary syndrome in 2006-2007 and 2015-2016 – insights from the PRESAGE registry

ABSTRACT

Background

Changes in the management of patients with chronic coronary syndromes (CCS) require continuous monitoring of the results of treatment in the daily clinical practice.

The present study contains a comparison of the clinical characteristics, management, and in-hospital and five-year outcomes of patients with CCS enrolled on the Prospective REgistry of Stable AnGina management and trEatment (PRESAGE).

Material and Methods

We selected a group of 3475 patients with CCS who underwent coronary angiography and divided them into two groups treated, respectively, in the years 2006-2007 (1300 [37.4%]) - group I, and 2015-2016 (2175 [62.6%] - group II). The composite endpoints involved death, non-fatal myocardial infarction (MI), and acute coronary syndrome-driven revascularization.

Results

Patients from the group I compared to those from the group II, were younger [61.8 (54.9-68.5) vs 66.1 (59.7-72.7) years ($p<0,001$)], with a higher incidence of previous MI and percutaneous intervention. Patients from the group II had a higher incidence of hypertension, diabetes, obesity, atrial fibrillation, New York Heart Association class III or more. The incidence of the composite endpoints did not vary significantly between the two groups during the entire period after the index hospitalization, but patients from the group I had a lower mortality rate both within 3 and 5 years after discharge (8.5% vs. 10.7, $p=0.03$ and 13.2% vs. 17.9%, $p< 0.001$, respectively).

Conclusions

Patients treated during 2006-2007 and 2015-2016 differed in age, clinical characteristics, and comorbidities. The composite endpoint incidence was similar in both groups, but long-term mortality rates were higher in the 2015-2016 cohort.

Keywords:

chronic coronary syndromes, comorbidity, mortality, prognosis