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## **ASSESSMENT OF RISK FACTORS IN ELDERLY PATIENTS WITH MVCAD WHO UNDERWENT A COMPLETE MYOCARDIAL REVASCULARIZATION PROCEDURE**

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CAD (Coronary Artery Disease) in elderly patients is usually associated with increased rates of cardiovascular risk factors, comorbidities and frailty. This study is focused on revealing these risk factors in patients with MVCAD (Multivessel Coronary Artery Disease) who underwent PCI with 2nd generation DES (Drug Eluting Stents) or CABG.

This is an observational and retrospective analysis. A number of 25 consecutive patients, who underwent PCI with 2nd generation DES at the Cardiology Institute and 25 consecutive patients who underwent CABG at the `Timofei Moșneaga` Republican Clinical Hospital were included in this study. All interventions were performed during 2019 in Chișinău, Moldova. Inclusion criteria: elderly patients ( $\geq 65$  years) with MVCAD, with stable or stabilized unstable angina at presentation, subjected to a complete myocardial revascularization procedure either CABG or staged PCI with implantation of 2nd generation DES, SYNTAX score  $\leq 22$ . Exclusion criteria: monovascular lesions, history of myocardial infarction, SYNTAX score  $\geq 23$ , need for cardiac surgery because of concomitant condition (ex. valvular heart disease), chronic total occlusion and previous CABG. Cardiovascular risk factors were assessed in PCI and CABG groups.

Patients in the PCI group had a more extensive coronary artery disease pattern assessed by SYNTAX score (17.88 vs 14.40), they also were older than those in the CABG group (mean age: 71.16 vs 68.36). The other risk factors prevalent in the PCI group were: dyslipidemia (84% vs 52%), diabetes mellitus (60% vs 32%), obesity (20% vs 8%), LVEF  $< 50\%$  (20% vs 12%) and chronic kidney disease stage IIIa or higher (32% vs 24%). On the other hand, male sex was more predominant in the CABG group (80% vs 78%) as well as current smoking state (52% vs 36%). Other risk factors like family history of cardiovascular disease (52% vs 48%), arterial hypertension (92% vs 96%), insulin dependent diabetes (8% vs 4%) didn't significantly differ between groups. However, uncontrolled hypertension was more significant in the PCI group (68% vs 52%). The surgical mortality risk assessed by STS score and EuroSCORE, were both higher in the PCI group (STS mean score: 1.402% vs 0.921% and EuroSCORE mean score 2.0532% vs 1.4768%).

According to the data of the study population, those patients who underwent PCI with 2nd generation DES had a more extensive coronary artery disease, more risk factors and a greater surgical risk than those who underwent CABG.