## Occurrence of acute coronary syndromes and epidemiological profile of elderly in the chest pain unit: are women after the eighth decade of life at greater risk?

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**Background**: Increased life expectancy favors higher incidence of acute coronary syndromes (ACS) in the elderly and the morbidity and mortality in this group are high. The growing number of elderly patients with chest pain (CP) and differentrisk factors (RF) profile associated with atypical symptoms represents a challenge for the diagnostic stratification in the emergency room.

**Purpose**: To compare the incidence of ACS between genders and the distribution of RF among older adults over eighty years old and the general population with suspected ACS

**Methods**: Prospective study of 2047 patients admitted to thechest pain unit with clinical suspicion of ACS. Ptes were divided into 2 groups:>80y (age≥ 80y) and <80y (age <80y). The clinical presentation was classified as typical (CP type A or B) and atypical (CP type C or D). Patients underwent serial assessment of EKG and troponin I on admission and after 6 hours. The diagnosis of ACS was conducted by ischemia detection in provocative tests or presence of significant obstructions in coronary angiography. Traditional RF for ACS were analyzed. Statistical analysis used Student's t test and chi square.

**Results**: Patients with> 80y accounted for 15.6% of the casuistic. The occurrence of ACS was higher in the group>80y (26.2% vs 18.1%; p = 0.009). There was a predominance of women in the group>80y (52.8% vs 38%; p <0.001) and between ptes with ACS and>80y (45.1% vs 23%; p = 0.0008) Typical presentations were more frequent in group>80y (59.3% vs 43.2%; p <0.001). Hypertension (76.2% vs 48.8%; p <0.001) and diabetes (25.9% vs 17.7%; p = 0.008) were more frequent in the group>80y, while smoking (17.6% vs 9.7%; p = 0.005) and hist. family (28.9% vs 11.8%; p <0.001) predominated in the younger group. Dyslipidemia and sedentary lifestyle had similar prevalence in both groups.

**Conclusions**: Elderly>80y have high incidence of ACS with increased risk for women. Worse prognosis in>80y may represent a bias in the proper classification of the type of CP. The different distribution of RF confirms the lower exposure to environmental and genetic factors in the elderly in which chronic diseases are prevalent.