中文題目：非ST段上升急性冠心症病人慢性腎疾病對臨床表現,治療與1年間門診返診的影響

英文題目：The Influence of Chronic Kidney Disease on Clinical Presentation, Management and 1-Year Clinic Visits among Patients with Non-ST Segment Elevation Acute Coronary Syndrome

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Background: Recent studies have shown that chronic kidney disease (CKD) may worsen cardiovascular outcomes in patients with acute coronary syndromes (ACS) and might complicate treatment strategies. However, there are limited reports discussing the reasons for this complication.

Method: We evaluated 1366 patients with non–ST-segment elevation ACS enrolled in the in ACute CORonary Syndrome Descriptive Taiwan study (ACCORD-Taiwan) and compared the differences in clinical presentation, management and 1-year clinic visits in patients with and without CKD. CKD was defined as an estimated glomerular filtration rate, using the Modification of Diet in Renal Disease Study equation, of less than 60 ml/min per 1.73 m^2.

Result: Patients presenting with CKD (n = 553) were older, more often female, had higher comorbidities (previous myocardial infarction, congestive heart failure, hypertension, stroke and type 2 diabetes), were more likely to present with atypical chest pain, higher heart rate, had increased incidence of atrial fibrillation and signs of congestive heart failure, and had higher percentages of ST-segment depression. The time between admission to catheterization and percutaneous coronary intervention were longer in those with CKD. During hospitalization, patients with CKD received less clopidogrel loading, used less lipid-lowering agents and aspirin but received more calcium channel blockers, digitalis, diuretics, insulin and angiotensin receptor blockers. After discharge, CKD patients had a lower rate of regular clinic visits as well as less use of guideline-recommended medications, including aspirin and lipid-lowering agents at 3, 6, 9 and 12 months' follow-up.

Conclusion: Despite having more comorbidities and poor long-term compliance, patients with CKD were treated less aggressively. The decreased use of guideline-recommended medications and lower clinic visits after discharge may partly explain the reason that patients with CKD and non–ST-segment elevation ACS have poor cardiovascular outcomes.