

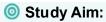
Sex-based Differences in the Impact of Baseline Plasma Uricemia on Long-term Mortality Risk Following Acute Coronary Syndrome: A 26-Year Follow-up Study

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BACKGROUND/INTRODUCTION

The impact of plasma uricemia levels on long-term mortality following ACS remains uncertain, particularly regarding sex differences



To evaluate the association between uricemia during ACS and all-cause mortality over 26 years, with focus on sex-based differences

RESULTS

Demographics

• Mean age: 66.2±1.9 years

• 30% female

Baseline uricemia: 5.7±1.8 mg/dL

• Higher in males (p=0.02)

Key Findings:

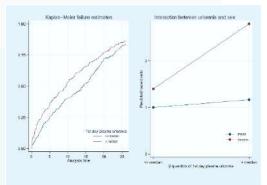
baseline uricemia was significantly associated with all-cause mortality

- Univariable HR: 1.08 per mg/dL (p<0.0001)
- Multivariable HR: 1.07 (p=0.003)
- Significant interaction with sex (HR=1.12, p=0.02)

• Females: HR=1.17 (p=0.001) Males: not significant

Outcome

- 26-year follow-up
- 483/571 (85%) died



METHODS





Study cohort: 571 unselected ACS patients discharged alive from CCU (3 hospitals)

Baseline clinical data gathering during the first seven days of hospitalization

Survival analysis: Cox regression with uricemia as continuous variable

Interaction tested between uricemia & sex; analyses adjusted for age, sex, Killip class, cholesterol, diabetes

Follow-up period:	26 years (7,091 person-years)
Measurements:	Days 1 and 7 of hospitalization

CONCLUSIONS

Sex-Specific Impact of Uricemia on Mortality

- Elevated uricemia during ACS predicts greater long-term mortality risk in females
- ↑ No significant association observed in males
- > Highlights need for sex-specific risk stratification in ACS
- > Supports incorporating uricemia into post-ACS management for women
- > Further investigation needed on mechanisms underlying sex differences

Clinical Implications

Consider routine uricemia monitoring in female ACS patients for improved risk stratification and personalized follow-up care