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**Prognostic value of GRACE score for in-hospital and 6 months outcomes after non-ST elevation acute coronary syndrome****Deelipkumar***National Institute of Cardiovascular Diseases (NICVD), Pakistan.*

**Background:** The aim of this study was to determine the predictive value of the Global Registry of Acute Coronary Events (GRACE) score for predicting in-hospital and 6 months mortality after non-ST elevation acute coronary syndrome (NSTEMI-ACS).

**Results:** In this observational study, 300 patients with NSTEMI-ACS of age more than 30 years were included; 16 patients died during the hospital stay (5.3%). Of 284 patients at 6 months assessment, 10 patients died (3.5%), 240 survived (84.5%), and 34 were lost to follow-up (12%) respectively. In high risk category, 10.5% of the patients died within hospital stay and 11.8% died within 6 months ( $p=0.001$  and  $p=0.013$ ). In univariate analysis, gender, diabetes mellitus, family history, smoking, and GRACE score were significantly associated with in-hospital mortality whereas age, obesity, dyslipidemia, and GRACE were significantly associated with 6 months mortality. After adjustment, diabetes mellitus, family history, and GRACE score remained significantly associated with in-hospital mortality ( $p \leq 0.05$ ) and age remained significantly associated with 6 months mortality.

**Conclusion:** Grace Risk score has good predictive value for the prediction of in-hospital mortality and 6 months mortality among patients with NSTEMI-ACS.

**Biography**

Deelipkumar plays a key role in Department of Adult Cardiology, National Institute of Cardiovascular Diseases, Karachi, Pakistan and he can also undergo Conception, Literature review, Methodology, Software analysis, Investigation, Writer-original draft, Writing- review & editing.