

CHADS<sub>2</sub> and CHA<sub>2</sub>DS<sub>2</sub>-VASc Scores in the Prediction of Mortalities in Patients Without Atrial Fibrillation After Acute Myocardial Infarction (From KAMIR)

**Purpose** The CHADS<sub>2</sub> and CHA<sub>2</sub>DS<sub>2</sub>-VASc scores are stroke risk schemes for patients with nonvalvular AF. However, the value of those scoring system in patients without AF presenting with AMI has not yet been investigated. This study aimed to evaluate whether those systems can be predictors of mortality in patients after AMI. **Methods** Of 14,885 patients enrolled from 2005 to 2008 in the Korea Acute Myocardial Infarction Registry (KAMIR), 12,178 patients without AF were analyzed. The main outcomes were all-cause and cardiac death. **Results** Patients with higher CHADS<sub>2</sub> and CHA<sub>2</sub>DS<sub>2</sub>-VASc scores were older and had decreased eGFR. All-cause and cardiac death were higher in patients with higher scores (Figure). On Cox proportional analysis, higher CHADS<sub>2</sub> and CHA<sub>2</sub>DS<sub>2</sub>-VASc scores independently predicted all-cause (HR 2.1, 95% CI=1.621-2.594 and HR 3.5, 95% CI=2.592-4.856, p<0.001) and cardiac death (HR 2.0, 95% CI =1.488-2.684 and HR 3.8, 95% CI=2.465-5.708, p<0.001). Additionally, decreased eGFR (<60ml/min/1.73m<sup>2</sup>) and female gender were independent predictors for all-cause and cardiac death. **Conclusion** The CHADS<sub>2</sub> and CHA<sub>2</sub>DS<sub>2</sub>-VASc scores are useful predictors of mortality after AMI.

(次ページに図表有)

Figures. Kaplan-Meier survival curves for all-cause (A, B) and cardiac death (C, D) by CHADS<sub>2</sub> and CHA<sub>2</sub>DS<sub>2</sub>-VASc scores

