**PREDICTORS OF IN-HOSPITAL MORTALITY AMONG SYSTEMIC LUPUS ERYTHEMATOUS PATIENTS WITH ACUTE MYOCARDIAL INFARCTION RESULTS FROM A LARGE NATIONAL DATABASE**

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**Background:** Acute myocardial infarction is an important cause of death in systemic lupus erythematous (SLE) patients. However, there is still a lot of uncertainty about predictors of mortality in this population. Our study describes predictors of in-hospital death in SLE subjects with acute myocardial infarction.

**Methods:** We queried the United States National Inpatient Sample over a 16-year period from 1998 through 2013 to identify patients with SLE using the International Classification of Diseases Ninth Revision Code. All SLE subjects who had an acute Non-ST elevated myocardial infarction (NSTEMI) or ST-elevated myocardial infarction (STEMI) were selected. We computed descriptive baseline characteristics. We then performed a binary logistic regression to calculate odds ratios with mortality as the primary outcome.

**Results**: We identified 7,627 patients who had an acute NSTEMI or STEMI. The mean age at admission was 60.5 [SD14.5] years and 80% of them were female. In-hospital mortality was 9% (N=690). Adjusted binary logistic regression with mortality as primary outcome was associated with chronic kidney disease (P < 0.001, OR= 1.726, 95% CI=1.34-2.21), acute kidney injury requiring hemodialysis (P <0.001, OR=6.198, 95% CI =3.71-10.37), previous stroke (P=0.005, OR=1.642, 95% CI=1.16- 2.32). There was no mortality difference among the racial groups.
**Conclusion**: Our study suggests that patients with previous stroke and chronic kidney disease who developed acute kidney injury requiring hemodialysis during hospitalization for an acute myocardial infarction are at increased risk of death.