**PREDICTORS OF HEALTH-RELATED QUALITY OF LIFE AFTER FIELD-TRIAGE TO PRIMARY PERCUTANEOUS CORONARY INTERVENTION FOR NON-COMPLICATED ST-ELEVATION MYOCARDIAL INFARCTION: AN AGE COMPARISON STUDY**

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**Objective:** This study examined predictors of health-related quality of life (HRQOL) in patients aged under and over 70 years after field triage to primary percutaneous coronary intervention (PPCI) for non-complicated ST-elevation myocardial infarction (STEMI).

**Background:**Pre-hospital field triage to PPCI for STEMI patients is associated with better clinical outcomes and lower mortality but the predictors of HRQOL in this cohort remain unclear. Most studies have investigated mortality, treatment delays and adverse clinical outcomes including HRQOL after PPCI. To date, despite rapid advances in PPCI techniques and improved treatment time, HRQOL has not been researched for this unique cohort.

**Method:** A comparative cohort design was conducted to assess predictors of HRQOL for 77 STEMI patients at 4 weeks and 6 months recovery after PPCI by field triage. HRQOL was measured using the Seattle Angina Questionnaire (SAQ) and the Medical Outcomes Short Form (SF-12). The interaction effects of age and time were analyzed with repeated measures ANOVA and multivariate linear regression used for determining the independent predictors of HRQOL.

**Results:** This study showed that HRQOL improved across time for all ages including anginal stability for older people over 70 years. Age is a predictor of lower physical function (β= -0.24, CI 95%, p=0.001) but better quality of life scores by 6 months (β=0.19, CI 95%, p=0.003). Length of hospitalization, age, recurrent angina and hypertension are significant independent predictors of HRQOL.

**Conclusion:**HRQOL is an important measure of patient recovery with fast PPCI for uncomplicated STEMI presentations. Older people aged over 70 years achieved significant gains in HRQOL including cardiac-specific quality of life after revascularization. With an aging global population, the results of this original study suggest the need to integrate health status assessment into clinical patient care after PPCI for field triage STEMI patients.