

## 흉통이 동반되지 않는 급성심근 경색과 신부전의 관계: Results from Korea Acute Myocardial Infarction Registry

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## Renal Dysfunction as a Risk Factor for Painless Myocardial Infarction: Results from Korea Acute Myocardial Infarction Registry

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**Background:** Renal dysfunction has been associated many types of neuropathy and the incidence of myocardial infarction (MI) presenting without chest pain can be expected to higher in patients with renal dysfunction. We evaluated clinical outcomes of painless MI patients and relationship between renal dysfunction and painless MI.

**Methods and Results:** Study population consisted of 9,735 patients ( $63 \pm 13$  years, men 70.7%), who's discharge diagnosis by cardiac enzyme and electrocardiogram was MI. The study subjects were divided into two groups according to presence of chest pain (painful MI group, n= 8249; painless MI group, n=1486). Rates of in-hospital death, 1 month and 12 months composite MACE, cardiac death, non-cardiac death were significantly higher in painless MI patients. In a multivariate logistic analysis, compared to glomerular filtration rate (GFR)  $>90$  mL/min/1.73m<sup>2</sup>, odds ratio of painless MI was increased proportionally in patients with GFR of 30–59, 15–29 and  $<15$  mL/min/1.73m<sup>2</sup> (odds ratio [OR], 1.25, 95% confidence interval [CI], 1.05–1.49; OR, 1.88, CI, 1.39–2.53; OR, 2.32, CI, 1.65–3.26) In addition, the concomitant presence of renal dysfunction and diabetes mellitus significantly affected the prevalence of painless MI.

**Conclusion:** Poorer outcomes of painless MI patients and the increased probability of painless MI proportional to declining GFR indicate that the possibility of painless MI should be considered in patients with renal dysfunction, particularly concomitant with diabetes mellitus.

**Key Words:** 예측인자, 급성심근경색, 신부전

Clinical predictor, Myocardial infarction, Renal dysfunction