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Stage of Acute Kidney Injury is Predictors for One- Year Mortality after Hospital Discharge from Acute Coronary Syndrome.

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Objectives: The objective of this study was to examined the association of the renal function and mortality caused by ACS.

Methods: The retrospective cohort study, we examined were a total 187 ACS patients who were admitted at Thasala hospital, South of Thailand during January 1, 2013 to December 31, 2018. Data were obtained by demographics, medical records, and renal function test. AKI was defined according to AKIN criteria. Descriptive and Cox proportional hazard model statistic were used to analyze descriptive data and predictors for one year motarlity after hospital discharge, respectively.

Results: There were 68.45 male, average aged 66.22 ± 15.80, and prevalence rate of mortality rate 14.97 % after one-year hospital discharge. More than half of patients (51.87%) had STEMI. We did observe significant differences between the ACS with and without in some aspects of the increased Scr. ACS with higher SCr. influenced to increase risk 5 fold (HR=5.11, p=0.000). Finally, we compared stage of AKI. ACS patients with AKI stage 3 increased risk to morality rate nearly 8 fold (HR= 7.73, p= 0.001)

Conclusions: The findings of this study are deeply concerned that the higher SCr. and stage of AKI should be applied to predict mortality in patient with ACS. Patient with ACS who have higher SCr. and higher stage of AKI should receive continuing and specific care after hospital discharge for preventing mortality.