

(aOR 1.695; 95%CI 1.650–1.741; $P < 0.001$). In addition, median length of hospitalization (2.5 vs. 2.13 days; $P < 0.001$) and median cost of hospitalization (28,246 vs. 22,663; $P < 0.001$) was higher in hospitalizations with MDD.

Conclusions Our study displayed an increasing proportion of patients with MDD admitted due to AF in the last decade with lower mortality but higher morbidity post-AF. In addition, there was significantly less utilization of atrial cardioversion in this population along with higher median length and cost of hospitalization. There is a need to explore the reasons behind this disparity in outcomes and atrial cardioversion utilization in order to improve post-AF outcomes in this vulnerable population.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0414

Temporal trends in drug abuse in adults with acute myocardial infarction show worse outcomes

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Objective To determine temporal trends, invasive treatment utilization and impact on outcomes of pre-infarction drug abuse (DA) on acute myocardial infarction (AMI) in adults.

Background DA is important risk factor for AMI. However, temporal trends in drug abuse on AMI hospitalization outcomes in adults are lacking.

Methods We used Nationwide Inpatient Sample (NIS) from Healthcare Cost and Utilization Project (HCUP) from 2002 to 2012. We identified AMI and DA as primary and secondary diagnosis respectively using validated International Classification of Diseases, 9th Revision, and Clinical Modification (ICD9CM) codes, and used the Cochrane Armitage trend test and multivariate regression to generate adjusted odds ratios (aOR).

Results We analyzed total of 7,174,274 AMI hospital admissions from 2002 to 2012 of which 1.67% had DA. Proportion of hospitalizations with DA increased from 5.63% to 12.08% (P trend < 0.001). Utilization of coronary artery bypass grafting (CABG) was lower in patients with DA (7.83% vs. 9.18%, $P < 0.001$). In-hospital mortality was significantly lower in patients with DA (aOR 0.811; 95% CI 0.693–0.735; $P < 0.001$) but discharge to specialty care was higher (aOR 1.076; 95% CI 1.025–1.128; $P < 0.001$). The median cost of hospitalization (40,834 vs. 37,253; $P < 0.001$) was higher in hospitalizations with DA.

Conclusions We demonstrate an increasing proportion of adults admitted with AMI have DA over the decade. However, DA has paradoxical association with mortality in adults. DA is associated with lower CABG utilization and higher discharge to specialty care, with a higher mean cost of hospitalization. The reasons for the paradoxical association of DA with mortality and worse morbidity outcomes need to be explored in greater detail.

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Increased prevalence of psychosis in patients who get admitted with acute myocardial infarction with worse outcomes

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Objective To determine trends and impact on outcomes of acute myocardial infarction (AMI) in patients with pre-existing psychosis.

Background While post-AMI psychosis has been extensively studied, contemporary studies including temporal trends on impact of pre-AMI Psychosis on AMI and post-AMI outcomes are lacking.

Methods We used Nationwide Inpatient Sample (NIS) from Healthcare Cost and Utilization Project (HCUP) from 2002 to 2012. We identified AMI and psychosis as primary and secondary diagnosis respectively using validated International Classification of Diseases, 9th Revision, and Clinical Modification (ICD9CM) codes, and Cochrane-Armitage trend test and multivariate regression to generate adjusted odds ratios (aOR).

Results We analyzed total of 7,174,274 AMI hospital admissions from 2002 to 2012 of which 1.77% had psychosis. Proportion of hospitalizations with psychosis increased from 6.94% to 11.85% (P -trend < 0.001). Utilization of percutaneous coronary intervention (PCI) was lower in patients with psychosis (29.98% vs. 40.36%, $P < 0.001$). Utilization of coronary artery bypass grafting (CABG) was lower in patients with psychosis (8.01% vs. 9.18%, $P < 0.001$). In-hospital mortality was significantly lower in patients with psychosis (aOR 0.677; 95% CI 0.630–0.727; $P < 0.001$) but discharge to specialty care higher (aOR 1.870; 95% CI 1.786–1.958; $P < 0.001$). In addition, median length of hospitalization (3.77 vs. 2.90 days; $P < 0.001$) was higher in hospitalizations with psychosis.

Conclusions Our study displayed increasing proportion of patients with psychosis admitted due to AMI in last decade with lower mortality but higher morbidity post-infarction, and significantly less utilization of PCI and CABG. There was also increased length of stay patients with MDD. There is need to explore reasons behind this disparity in outcomes and PCI and CABG utilization to improve post-AMI outcomes in this vulnerable population.

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