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The ABC Study on Heart Disease Foundation-ONLUS, Conegliano, Italy

The ABC Study on ACS:

- An ongoing, **prospective** investigation designed to reflect, as closely as possible, an unbiased population of patients with **ACS**.
- Started in 1992-1993.
- Patients were enrolled in Adria, Bassano and Conegliano Hospitals.
- All data were connected with Padua University.



Background:

Little is known about the **very long-term risk of stroke** among acute coronary syndrome (ACS) survivors.



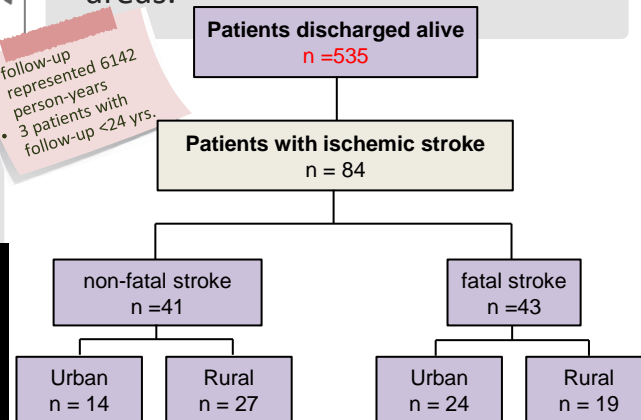
Purpose:

In this long-term prospective study, We examined **stroke incidence and outcomes** in ACS patients, identifying **risk factors** and **geographic disparities**.

Methods:

- 535 ABC study patients with **ACS**.
- Follow-up **24 years** or until death.
- Baseline data recorded within the first 7 days of hospitalization.
- The patient's residency was classified into three urban-rural areas.

• follow-up represented 6142 person-years
• 3 patients with follow-up <24 yrs.



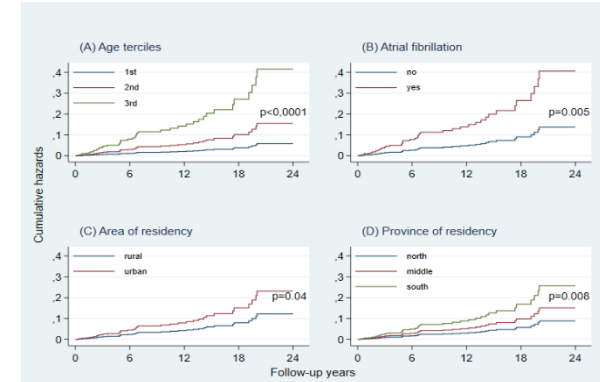
Results:

- 84 patients experienced a stroke, 85% ischemic - 15% hemorrhagic, proving fatal in 43 cases.
- Median age was 67 years, 70% were male, 318 patients were residing in rural areas.
- Stroke IR 14/1000 person-years.
- Fully adjusted Multivariable Cox regression analysis :

Predictor of risk	Overall stroke risk	
	HR (95% CI)	p-value
Age terciles	1,84 (1,30-2,60)	0,001
Atrial fibrillation	2,64 (1,49-4,67)	0,001
eGFR terciles	0,71 (0,53-0,95)	0,02
ACR terciles	1,38 (1,04-1,83)	0,03

Predictor of risk	Fatal stroke	
	HR (95% CI)	p-value
Age terciles	2,67 (1,60-4,45)	<0,0001
Atrial fibrillation	2,95 (1,38-6,32)	0,005
Area (rural-urban)	1,89 (1,03-3,48)	0,04
Provinces (north-middle-south)	1,71 (1,15-2,53)	0,008

Fully adjusted CHF of fatal strokes by different clinical variables



Conclusions:

- The ABC study identified several **baseline clinical predictors of stroke** long after ACS.
- A **geographical association with the risk of fatal stroke** was also observed, underscoring the importance of considering both individual clinical predictors and broader geographic factors in stroke prevention policies.