

1. Introduction

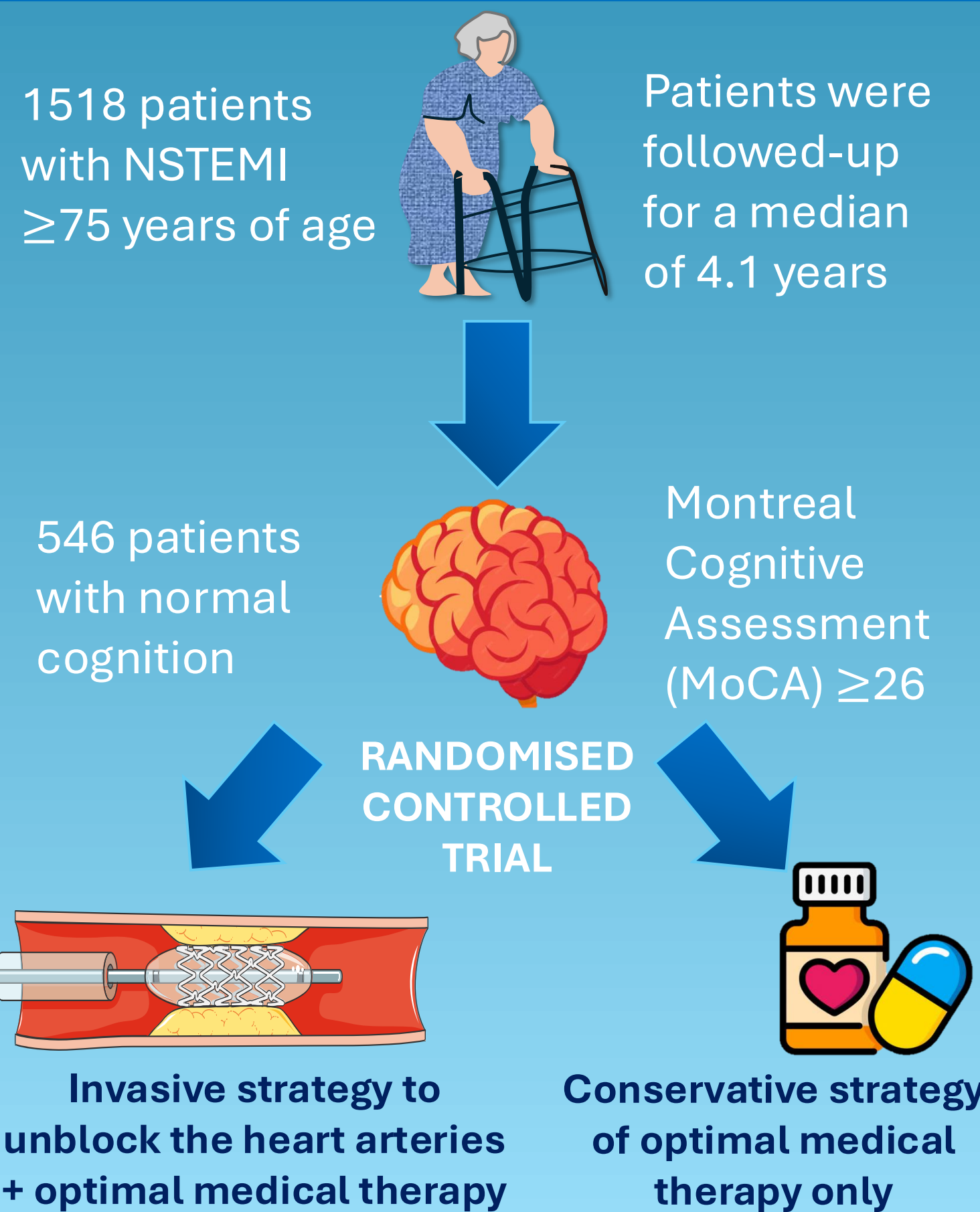
Non-ST-segment elevation myocardial infarction (NSTEMI) is the most common type of heart attack in older adults, affecting around 20,000 older adults in the UK each year.

The SENIOR-RITA trial (Kunadian V et al, **NEJM 2024**) showed that an invasive strategy in older patients with NSTEMI reduces the risk of future heart attacks but does not lead to patients living longer.

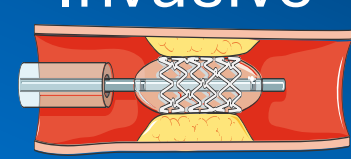

2. Aim

Do older adults with **normal cognition** benefit from an invasive treatment strategy for myocardial infarction compared to a conservative treatment strategy?

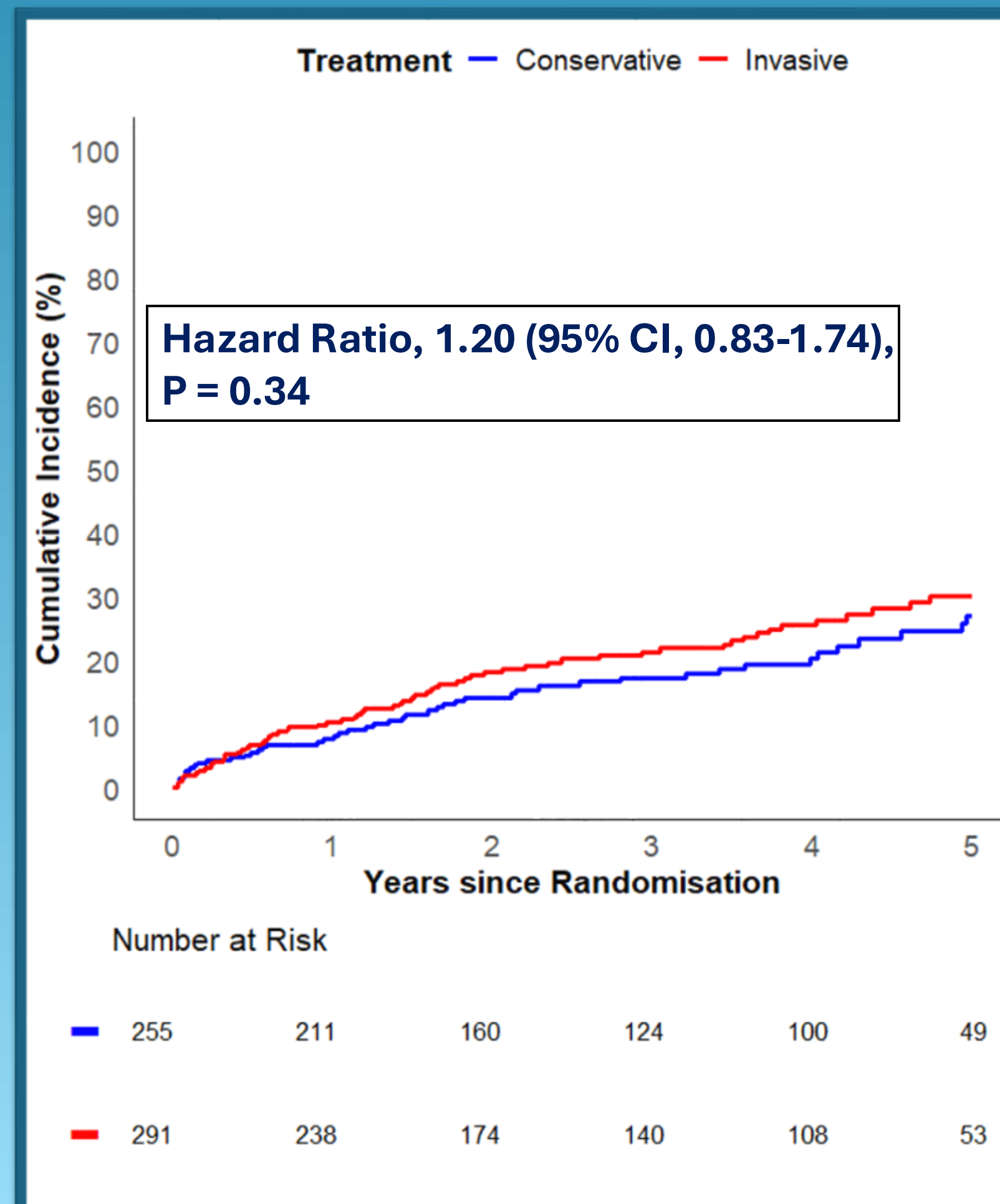
3. Methods



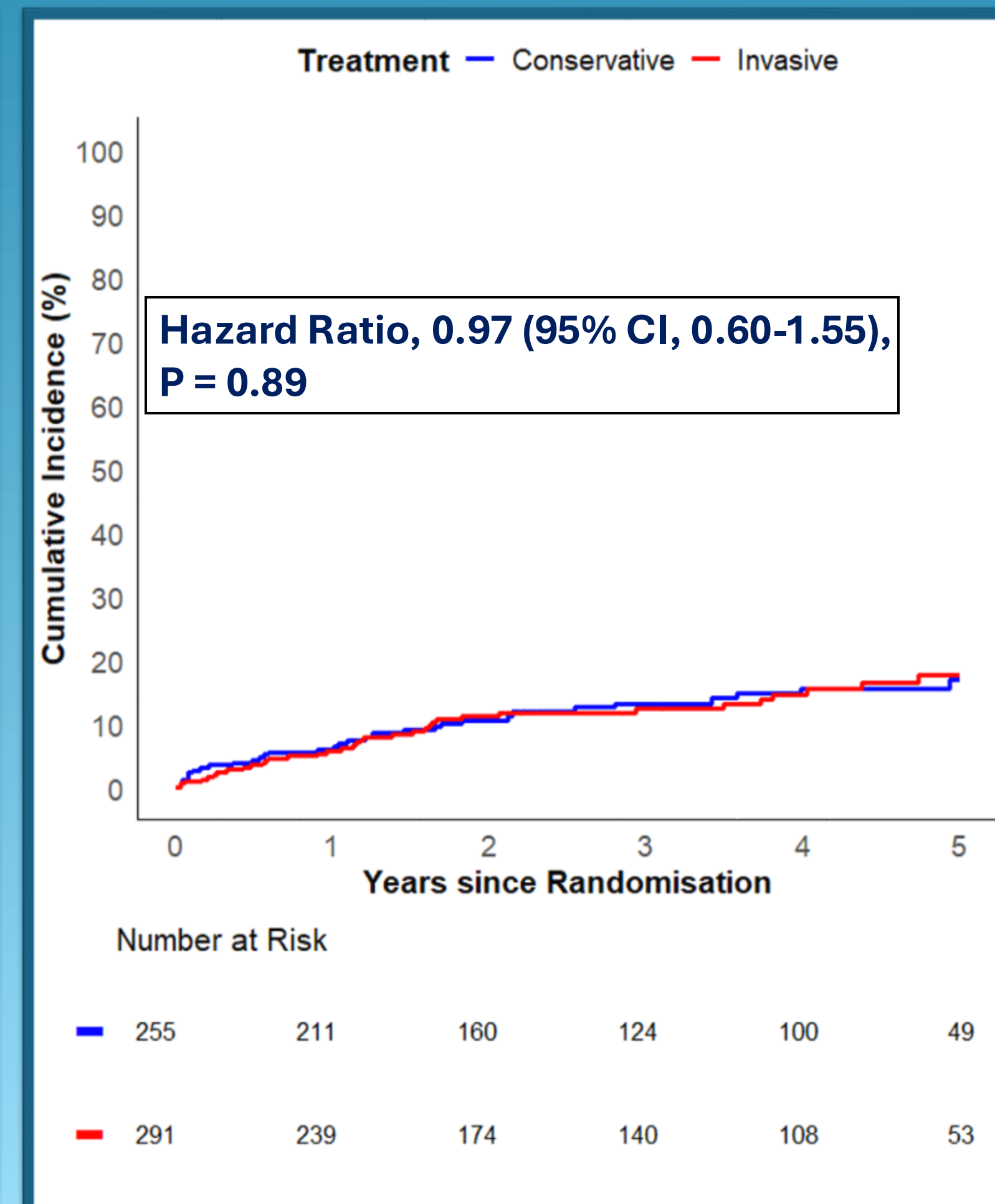
4. Key Results

Clinical Outcomes	Primary outcome: Cardiovascular death or non-fatal MI – no. (%)	Cardiovascular death – no. (%)	Non-fatal MI – no. (%)	All-cause death – no. (%)	Coronary revascularisation – no. (%)
Invasive  N = 291	65 (22.3)	31 (10.7)	36 (12.4)	83 (28.5)	13 (4.5)
Conservative  N = 255	48 (18.8)	20 (7.8)	33 (12.9)	54 (21.2)	39 (15.3)
Hazard Ratio (95% CI) P value	1.20 (0.83-1.74) P = 0.34	1.39 (0.79-2.44) P = 0.25	0.97 (0.60-1.55) P = 0.89	1.37 (0.98-1.94) P = 0.069	0.27 (0.14-0.51) P < 0.01

A) Primary Composite Outcome

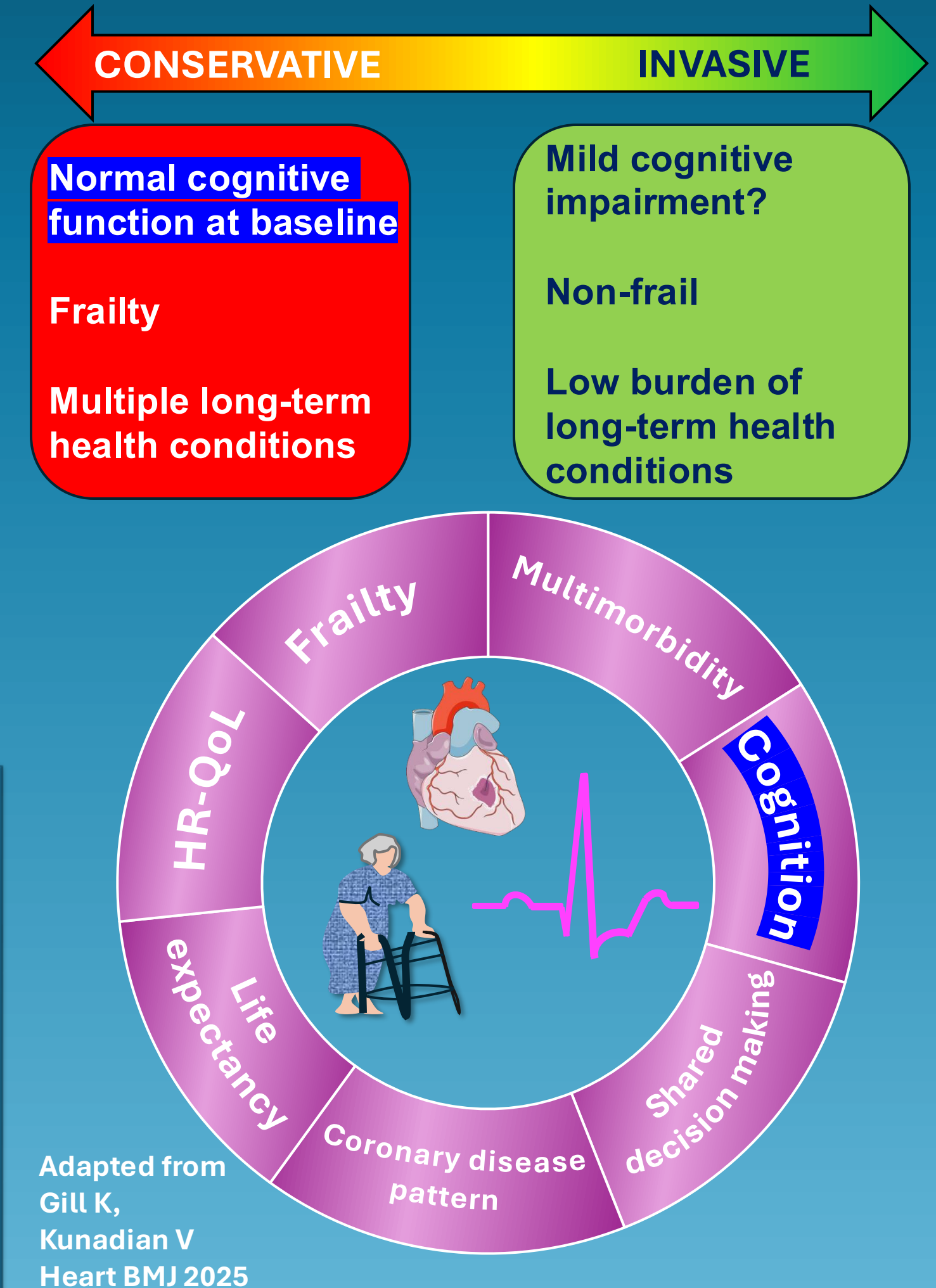


B) Non-fatal Myocardial Infarction




5. Discussion

These findings help to refine individualised assessment and shared-decision making for older adults with NSTEMI to ensure the best possible care for this underrepresented and growing patient population.



6. Conclusion

Among older adults with NSTEMI and normal cognition




Acknowledgements

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