





The British Heart Foundation SENIOR-RITA Trial

Invasive Treatment Strategy for Older Patients with Myocardial Infarction



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Take Home Messages

- SENIOR-RITA
- The SENIOR-RITA trial is the largest trial to date in older adults with heart attacks than all previous trials combined.
- Among older adults with type I NSTEMI, an invasive strategy is safe.
- An invasive strategy did not significantly reduce the combined risk of cardiovascular death or non-fatal myocardial infarction as compared with a conservative strategy.
- Treatment with an invasive strategy did reduce the risk of non-fatal myocardial infarction and subsequent revascularization.
- The results provide a foundation for older heart attack patients and their clinicians to make an informed decision about whether to undergo invasive coronary angiography or not.

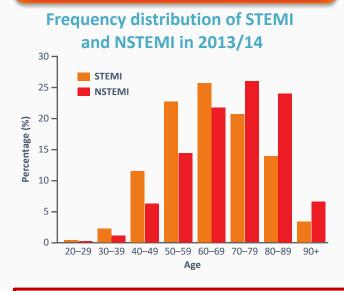
Background: Optimal care underutilised in older patients

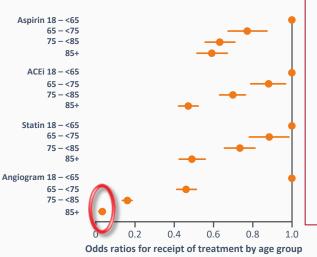




NICOR

Myocardial Ischaemia National
Audit Project (MINAP)



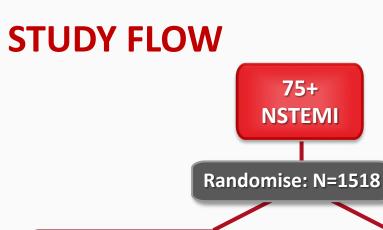


Questions:

- Older adults undertreated?
- What about the rest-86%?
- Fear of complications?
- Futility?
- Care is diverse

Only 14% of those ≥85 years receive angiography

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75+

NSTEMI

- Patients were recruited from EDs, MAU, cardiology wards, medical wards, geriatric wards at PCI and non-PCI centres
- Formal assessment of frailty, cognition, comorbidity at baseline and follow-up

Invasive treatment: N=753 Follow-up: 4.04 years (4.01-4.88) ITT Primary Analysis: N=753

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Conservative treatment: N=765

Follow-up: 4.06 years (4.02-4.31)**

ITT Primary Analysis: N=765

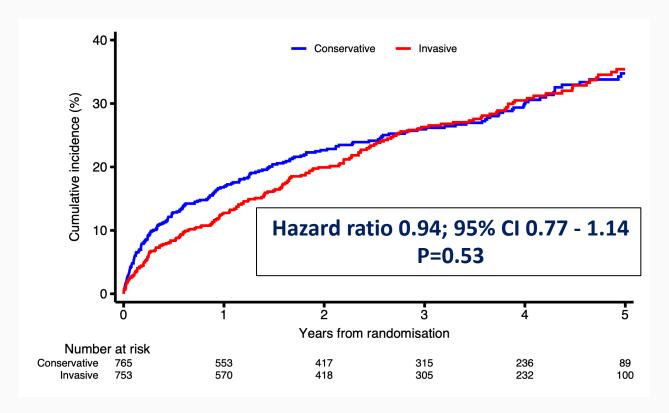
Salient features:

- 45% Female
- 72% ≥80 years
- Oldest 103 years
- 80% Prefrail/Frail
- 60% MoCA < 26
- Median CCI = 5

ED-emergency department; MAU-medical admissions unit; PCI-percutaneous coronary intervention

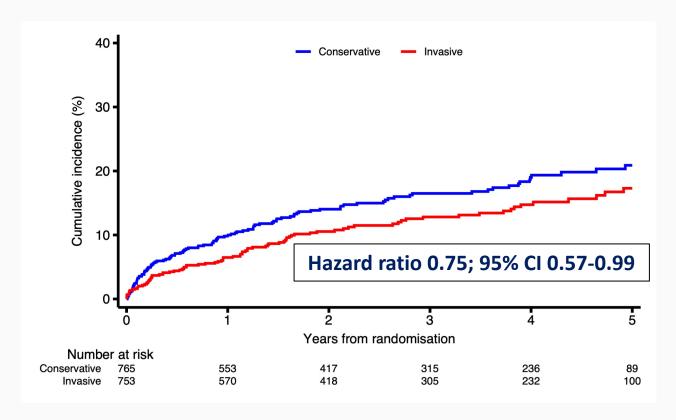
PRIMARY OUTCOME: COMPOSITE OF CV DEATH OR NON-FATAL MI





NON-FATAL MYOCARDIAL INFARCTION

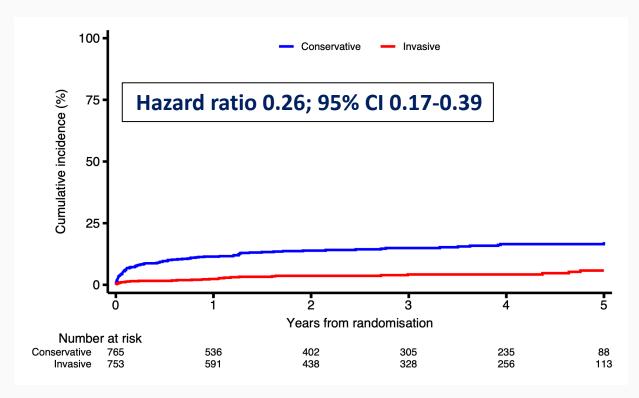






SUBSEQUENT REVASCULARISATION











- **❖** Among older adults with type I NSTEMI, an invasive strategy is safe.
- **❖** An invasive strategy did not significantly reduce the combined risk of cardiovascular death or non-fatal myocardial infarction as compared with a conservative strategy.
- Treatment with an invasive strategy did reduce the risk of non-fatal myocardial infarction and subsequent revascularization.
- ❖ The results provide a foundation for older heart attack patients and their clinicians to make an informed decision about whether to undergo invasive coronary angiography or not.