differences in demographic and clinical characteristics between type 2 and type 1 AMI were found. Higher age, female sex, co-morbidities, impaired renal function, anemia, inflammation and smaller extent of myocardial necrosis predispose to diagnosis of type 2 AMI.

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**Acute coronary syndrome in young adults**


**Introduction:** The incidence of coronary disease is positively associated with age. However, in recent years there has been an increased incidence of Acute Coronary Syndromes (ACS) in young adults. The cardiovascular risk profile of these patients appears to be different.

**Aim and population:** To determine cardiovascular risk factors, clinical presentation, angiographic findings and prognosis of young patients consecutively admitted for ACS in a Coronary Unit over a 3 years period.

**Results:** The study population consisted of 1676 patients. Males were predominating (77.4%) and the mean age was 63.98±13.22 years old. 8.18% of subjects were aged ≤45 years (group 1) and 18.84% ≥45 years (group 2). Male gender (<0.001) and smoking (<0.001) were more prevalent in group 1. The prevalence of diabetes mellitus (<0.001), arterial hypertension (<0.001), Stable Angina (<0.002) and Acute Myocardial Infarction (AMI) (<0.026) was higher in group 2. No significant differences were observed regarding to the previous diagnosis of dyslipidemia (48.6% in group 1 and 55.3% in group 2). Both groups were overweight (mean BMI 27.39±5.19kg/m²). The prior use of cardiovascular medications was significantly higher in group 2 (Statins p<0.001, Beta-Blockers p<0.001, Statins and Beta-Blockers p<0.001). Group 1 had higher levels of LDL cholesterol (<0.001), total-cholesterol (<0.001) and triglycerides (<0.001), and lower levels of HDL-cholesterol (<0.001). Myocardial Infarction with ST segment elevation occurred in 62.2% of subjects in group 1 and 50.2% in group 2. Multivessel disease was more common in group 2 (<0.001), while the single-vessel disease was more common in group 1 (<0.001). Group 2 had a worse prognosis, with greater occurrence of heart failure (<0.001) and death (p<0.047) during hospitalization.

**Conclusions:** Our study showed a different profile risk in younger individuals, in which smoking and diabetes were the main modifiable cardiovascular risk factors. This reinforces the need for early institution of primary prevention measures. The younger population had less extensive coronary disease and better prognosis.