

Mild cognitive impairment linked to lower use of cardiac catheterization in AMI

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percent), and cardiac rehabilitation (9 versus 22 percent) after AMI. Preexisting MCI remained associated with reduced use of cardiac catheterization (adjusted hazard ratio [aHR], 0.65; 95 percent confidence interval [CI], 0.48 to 0.89; $P = 0.007$) and coronary revascularization (aHR, 0.55; 95 percent CI, 0.37 to 0.81; $P = 0.003$) but not cardiac rehabilitation (aHR, 1.01; 95 percent CI, 0.49 to 2.07; $P = 0.98$) after adjustment for patient and hospital factors.

"Patients with MCI get [coronary revascularization](#) less often," the authors write. "Our results also suggest that cardiac rehabilitation remains underused in [older adults](#) with normal cognition or MCI."

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Preexisting mild cognitive impairment (MCI) is associated with a lower use of cardiac catheterization and coronary revascularization after acute myocardial infarction (AMI), according to a study published online Aug. 13 in the *Journal of General Internal Medicine*.

Deborah A. Levine, M.D., M.P.H., from the University of Michigan in Ann Arbor, and colleagues compared receipt of treatments for AMI between older adults with preexisting MCI and cognitively normal older adults (≥ 65 years). Data were obtained for 609 patients hospitalized for AMI between 2000 and 2011 and followed through 2012.

The researchers found that 19.2 and 80.8 percent of survivors of AMI had preexisting MCI and normal cognition, respectively. Compared with those with normal cognition, survivors of AMI with preexisting MCI were significantly less likely to receive [cardiac catheterization](#) (50 versus 77 percent), coronary revascularization (29 versus 63

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