**EFFECT OF PRIOR ANTI-HYPERTENSIVE USE ON MORTALITY IN PATIENTS WITH CARDIOGENIC SHOCK REQUIRING INTRAAORTIC BALLOON PUMP USAGE**

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Background: The intraaortic balloon pump (IABP) is a commonly used mechanical circulatory assist device for patients with cardiogenic shock. Prior studies have not shown hypertension to be a significant predictor of hospital mortality in patients with cardiogenic shock on IABP support but analysis of individual anti-hypertensive usage is lacking.

Objective: To evaluate the hospital mortality in patients with pre-existing hypertension and anti-hypertensive usage presenting with cardiogenic shock requiring IABP implantation.

Methods: Retrospective cohort study of 46 consecutive patients with cardiogenic shock requiring IABP support between April 2007 and December 2008.ResultsMean age of the study population was 63.8 years. 45 (97.8%) patients received inotropic support. 36 (78.2%) patients died. Hypertension (p = 0.550) and prior use of angiotensin converting enzyme inhibitors (p = 0.553), angiotensin receptor blockers (p = 0.783), beta blockers (p = 0.519), calcium channel blockers (p = 0.293) and diuretics (p = 0.520) were all not predictors of mortality. Further analysis based on number of anti-hypertensive agents used were also found to be not statistically significant. Mortality was found to be higher in smokers (p = 0.049) and in patients with more severe left main artery stenosis

(p = 0.027).

Conclusions: Prior hypertension and anti-hypertensive usage does not affect hospital mortality in patients with cardiogenic shock treated with IABP support. Only smoking status and degree of left main artery stenosis were found to be predictors of mortality. Nevertheless, the small sample size might have affected the detection of significance.