**AN OVERLOOKED UNDERRATED SYMPTOM OF ACUTE MYOCARDIAL INFARCTION IN WOMEN**

**A.C. Grigos**, R. Seguritan, D.A. Bloomfield

Richmond University Medical Center, Staten Island, NY USA

*Objective*: To investigate symptom presentation, including risk factors and arrhythmias, in women diagnosed with acute myocardial infarction (AMI).

*Background*: Research suggests that symptom presentation differs in men and women with AMI. Women are less likely to have the chief compliant of chest pain, owing to comorbid diseases, and lack public awareness of signs and symptoms generally present in men. They are usually older, diabetic, hypertensive and possess a more diffuse, non-obstructive pattern of coronary artery disease. As a result, it is more difficult to recognize AMI, which may lead to delays in care and therefore higher overall morbidity and mortality rates. The aim of this study was to investigate the various prodromal symptoms, acute complaints, arrhythmias, and risk factors within the northern Staten Island region to quantify the presentations of AMI within the female population.

*Method:* This study was a retrospective analysis of 100 medical records of women with diagnosis of AMI, conducted at Richmond University Medical Center (RUMC) in 2011 and 2015. AMI was confirmed by electrocardiogram evidence of ST segment elevation, T-wave abnormalities, or changes from the last electrocardiogram in at least 2 consecutive leads. Exercise stress tests and coronary angiography confirmed AMI.

*Results*: Out of the 100 charts reviewed, 29 women were reported by their family to have changes in “thinking or remembering” after AMI.

*Conclusions*: The results indicated a high incidence of atypical presentation of women admitted and diagnosed at RUMC. A change in thinking and remembering was an unexpected symptom found after review of the more common symptoms, which could potentially suggest neurological changes post-AMI in women. More data must be collected to establish any potential relationship, and may be used to assist in diagnoses of AMI. Clinicians need to pursue a full workup and not dismiss this symptom as a result of non-cardiac cause.