**MARIJUANA (CANNABIS) USE IS AN INDEPENDENT PREDICTOR OF ADVERSE OUTCOMES IN PRINZMETAL’S ANGINA**

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**Background:** Prinzmetal’s angina (PA) has been linked to serious adverse cardiac events including sudden cardiac death. We aimed to examine trends in hospital admissions, outcomes and predictors of adverse outcomes in adults hospitalized with Prinzmetal’s angina (PA).

**Methods:**  Search of 2003-2011 Nationwide Inpatient Sample database identified 5808 admissions [myocardial ischemia in absence of angiographic atherosclerotic coronary artery disease] (age 51±13 years, 64% female, 64% white) for PA, of which 81 (1.4%) was temporally related to active marijuana use.

**Results:**  Cardiovascular risk factors were present in 82% (53% hypertension, 45% hyperlipidemia, 36% smoking, 14% diabetes and 12% obesity). In-hospital mortality was low (0.2%) yet any adverse event occurred in 502 (8.6%). The latter remained stable during the study period [OR=0.970 (95% CI=0.934-1.008); p =0.120]. Demographics, clinical characteristics and outcomes were compared between PA with (AE) and without (NAE) adverse events. AE were older (56±13-vs-51±12 years), more often female (68%-vs-64%), less often black (14.2%-vs-20%), and had higher prevalence of cardiovascular risk factors (89%-vs-82%), hypothyroidism (13%-vs-8%), and chronic kidney disease (8%-vs-3%) and were more likely to use marijuana (3%-vs-1.2%) [all p<0.01)]. Multivariable binary regression analysis, adjusted for baseline differences between marijuana users and non-users and between AE and NAE, identified marijuana use as the strongest independent predictor of adverse events in PA [OR=3.675 (95% CI=1.622-8.327) and OR=4.009 (95% CI=1.869-8.6) respectively, both p<0.0001].

**Conclusions:** Marijuana use is linked to development of major in-hospital adverse events in PA. Prevalence of these events remained stable during the study period.