Acute Coronary Syndrome (ACS) is a major cause of mortality in Trinidad and Tobago. In the Emergency Department, challenges exist in diagnosis in the elderly. With the increasing life expectancy, Emergency Departments in Trinidad and Tobago are admitting more elderly patients annually. The symptomatology of patients with ACS remains unknown for this population, as do the differences that exist in elderly patients. There is little data on the differences in Acute Coronary Syndrome (ACS) presentations between younger and older patients in developing countries, though ACS is a major cause of mortality, and more elderly patients are presenting with the condition.

**Methods**

- A prospective study of patients admitted to the San Fernando General Hospital was undertaken.
- The aim of this study was to determine the differences in the reported symptoms of ACS between the older patients (age ≥ 65) and younger adults (age 18 – 64) in the ED. A secondary objective was to determine if differences in reported symptoms also exist between older men and older women.

**Results**

- Of the 1148 study subjects, 41.3% were elderly and 47.0% were males. Syncope (OR 2.1; 95% CI 1.1, 3.7).
- Chest pain at rest was the most frequent symptom reported in all groups.
- Paroxysmal Nocturnal Dyspnea [PND] (OR 1.3; 95% CI 1.0, 1.7) and orthopnea (OR 1.3, 95% CI 1.0, 1.6) were more likely in the elderly.
- Exertional chest pain (OR 0.7; 95% CI 0.5, 0.9) was more likely younger patients, compared to the elderly.
- In females, shortness of breath (OR 1.4; 95% CI 1.1, 1.8), PND (OR 1.8; 95% CI 1.3, 2.4), orthopnea (OR 2.0; 95% CI 1.6, 2.7) and palpitations (OR 1.7; 95% CI 1.3, 2.2) were more common than in men.

**Conclusion**

- There were significant differences in reported symptoms between older and younger patients and men and women. These should be taken into account when developing clinical diagnostic tools for the diagnosis of ACS in these populations.