

האיגוד הקרדיולוגי בישראל
ISRAEL HEART SOCIETY



Current STEMI management and outcome in Israel Insights from ACSIS 2013

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On behalf of ACSIS 2013 Investigators



האיגוד הקרדיולוגי בישראל
ISRAEL HEART SOCIETY

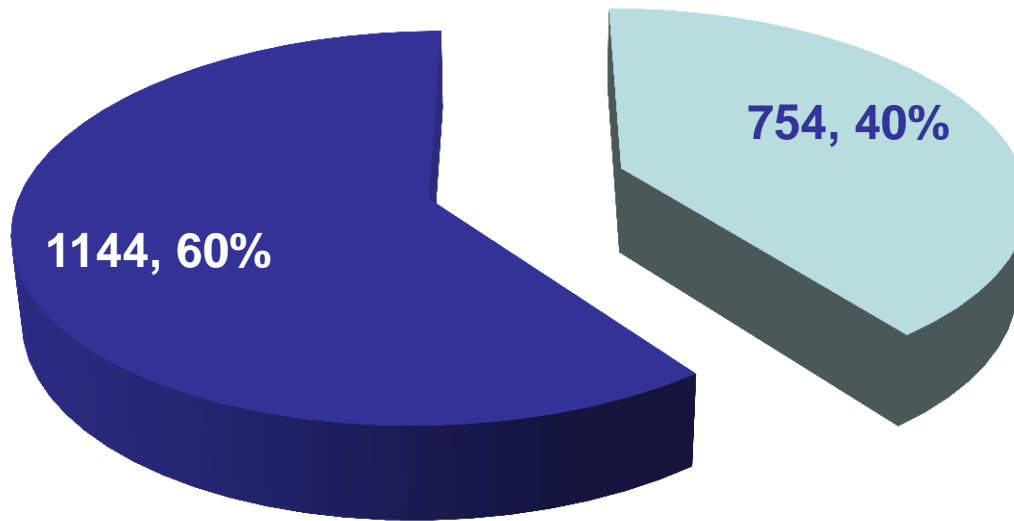
החוג הישראלי
לטפול נמרץ לב

THE ISRAEL WORKING GROUP
ON INTENSIVE CARDIAC CARE

Acute Coronary Syndromes Israeli Survey
ACSIS 2013 כנס הצגת נתונים ראשוניים מסקר

3 בינואר, 2014, הדר סיטי סאמר, רמת גן

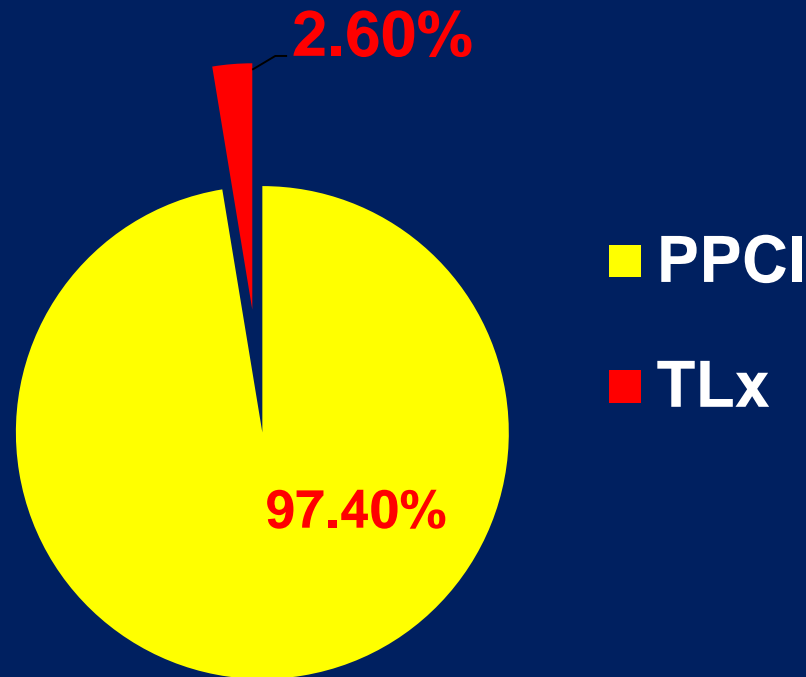
Acute Coronary Syndrome Patient Distribution



■ STE-ACS ■ NSTE-ACS

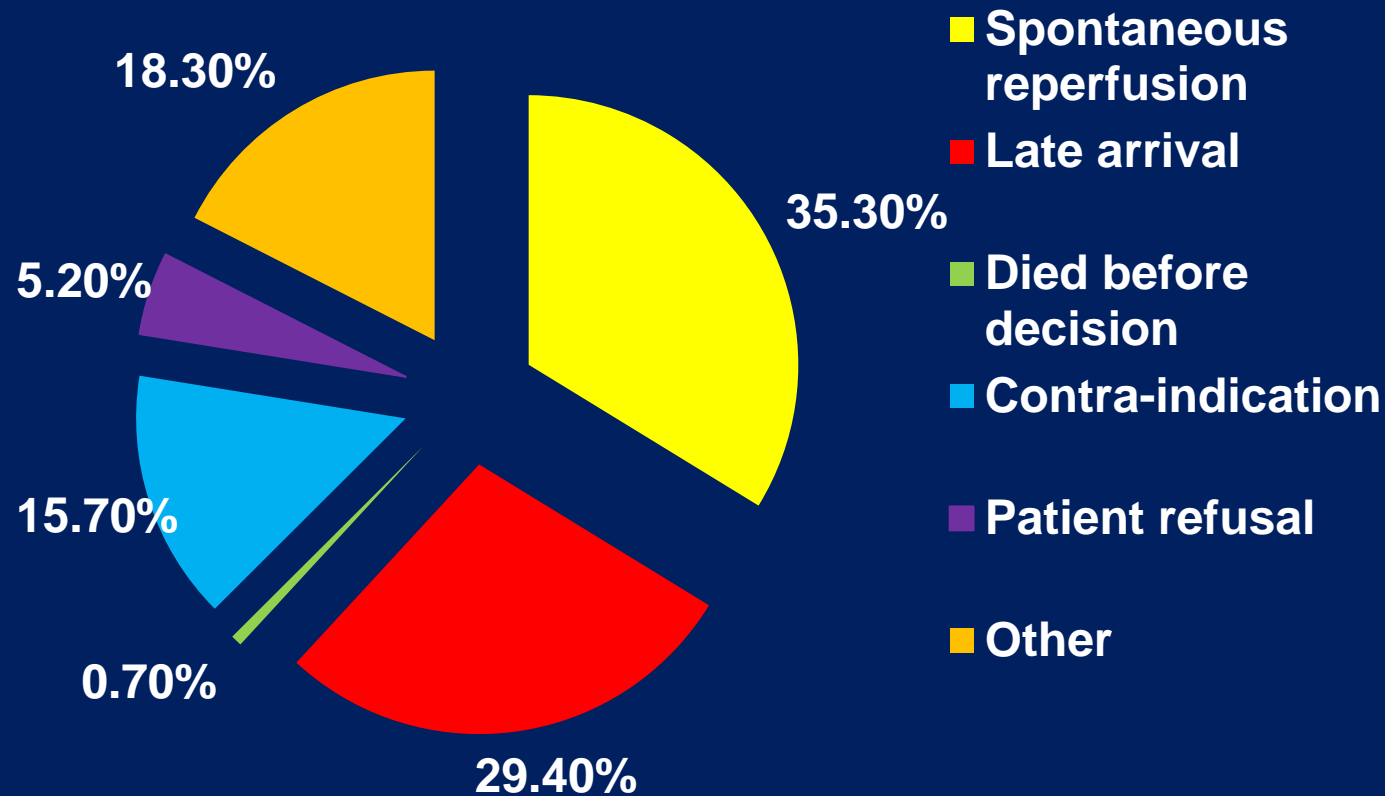
Primary reperfusion in STE-ACS

- Primary reperfusion – 79.7%



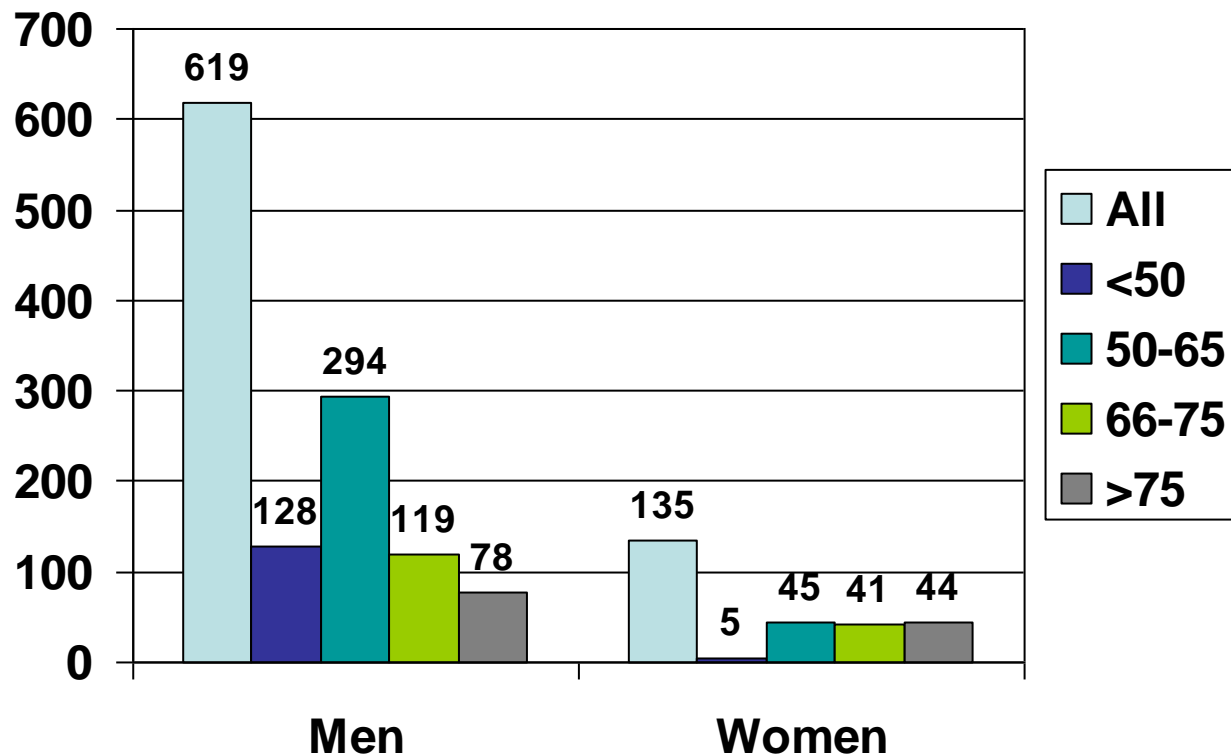
Primary reperfusion in STE-ACS

- No reperfusion – 20.3%

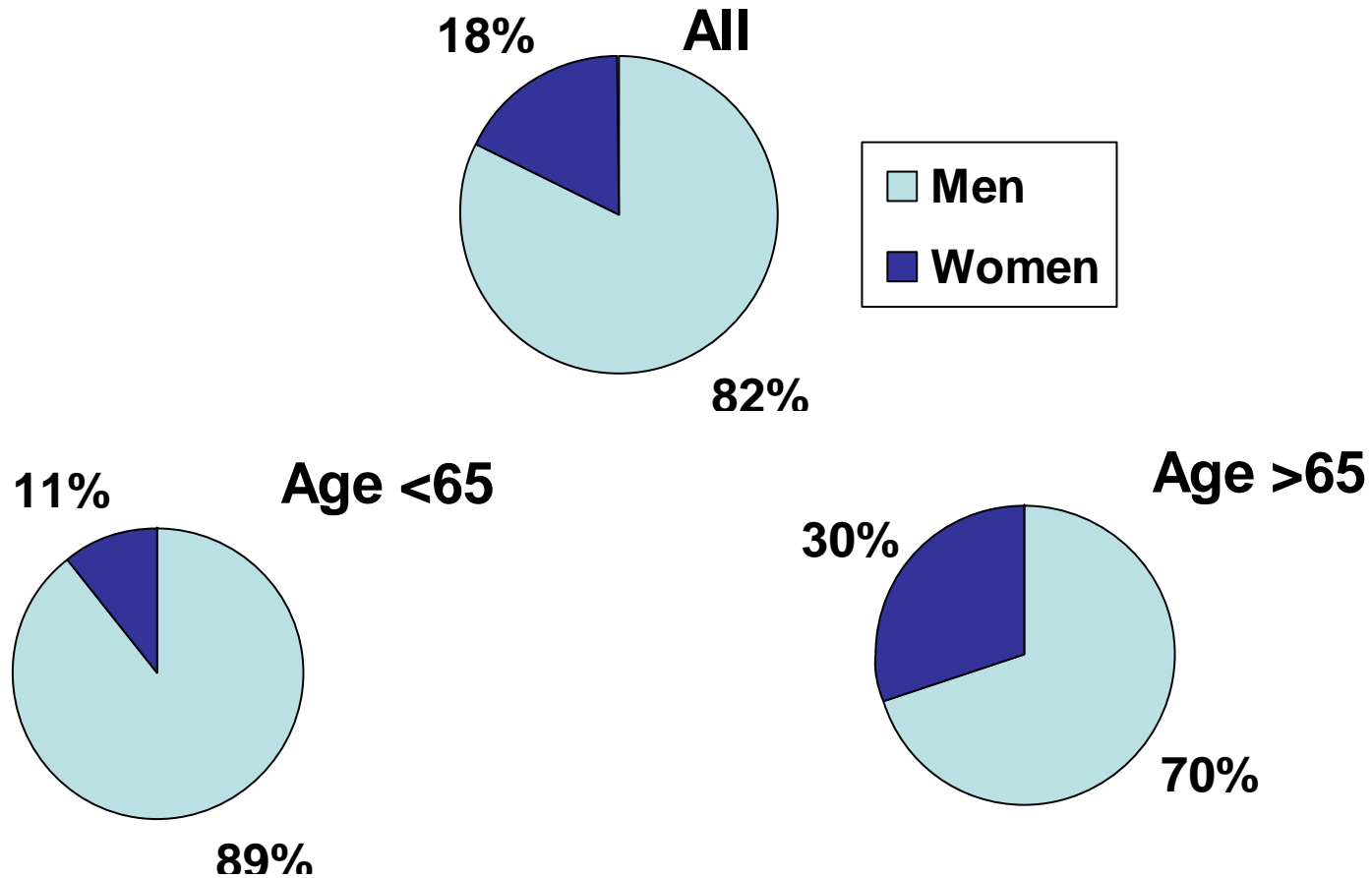


Age & Gender - STEMI

No.



Gender According to Age - STEMI



Cardiac & Medical History by Gender

%	<u>Men</u>	<u>Women</u>	<u>p value</u>
Previous MI	22.3	15.6	0.08
Prior angina pectoris	17.5	21.6	0.26
Previous CABG	3.7	4.4	0.69
Previous PCI	24.8	14.1	0.007
CHF	1.8	7.4	<0.001
Chronic renal failure	7.3	8.9	0.51
PVD	5.5	6.7	0.58
Previous stroke	7.8	8.9	0.66
COPD	6.0	5.9	0.98

Cardiac Risk Factors by Gender - STEMI

%	<u>Men</u>	<u>Women</u>	<u>p value</u>
Dyslipidemia	67.6	75.4	0.08
Family history of CAD	32.6	21.1	0.01
Hypertension	53.5	74.8	<0.0001
Diabetes mellitus	32.9	35.8	0.51
Current smoker	52.7	29.6	<0.0001

Presenting Symptom by Gender - STEMI

%	<u>Men</u>	<u>Women</u>	<u>p value</u>
Typical Angina	94.5	89.6	0.04
Syncope	3.7	8.9	0.01
Aborted SCD	2.6	2.2	0.81
Dyspnea	18.7	27.4	0.02
Arrhythmia	3.1	4.4	0.42
Killip class			0.21
I	88.4	83.3	
II	6.4	7.1	
III	2.4	5.6	
IV	2.8	4.0	

Pain to first medical attention

- **Men**
 - Mean = 265 ± 678 minutes
 - Median = 77 minutes

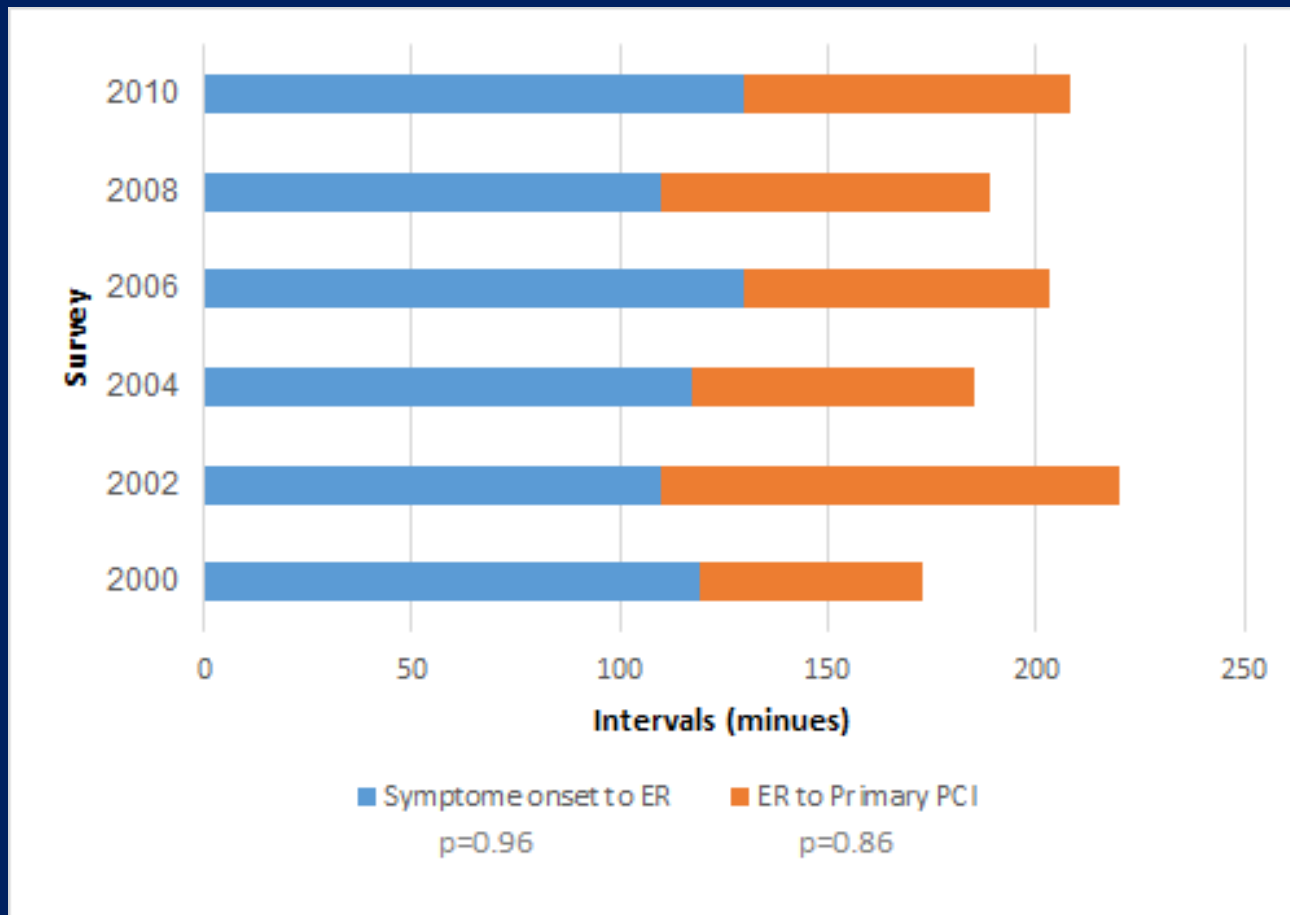
- **Female**
 - Mean = 349 ± 706 minutes
 - Median = 100 minutes

Door to balloon

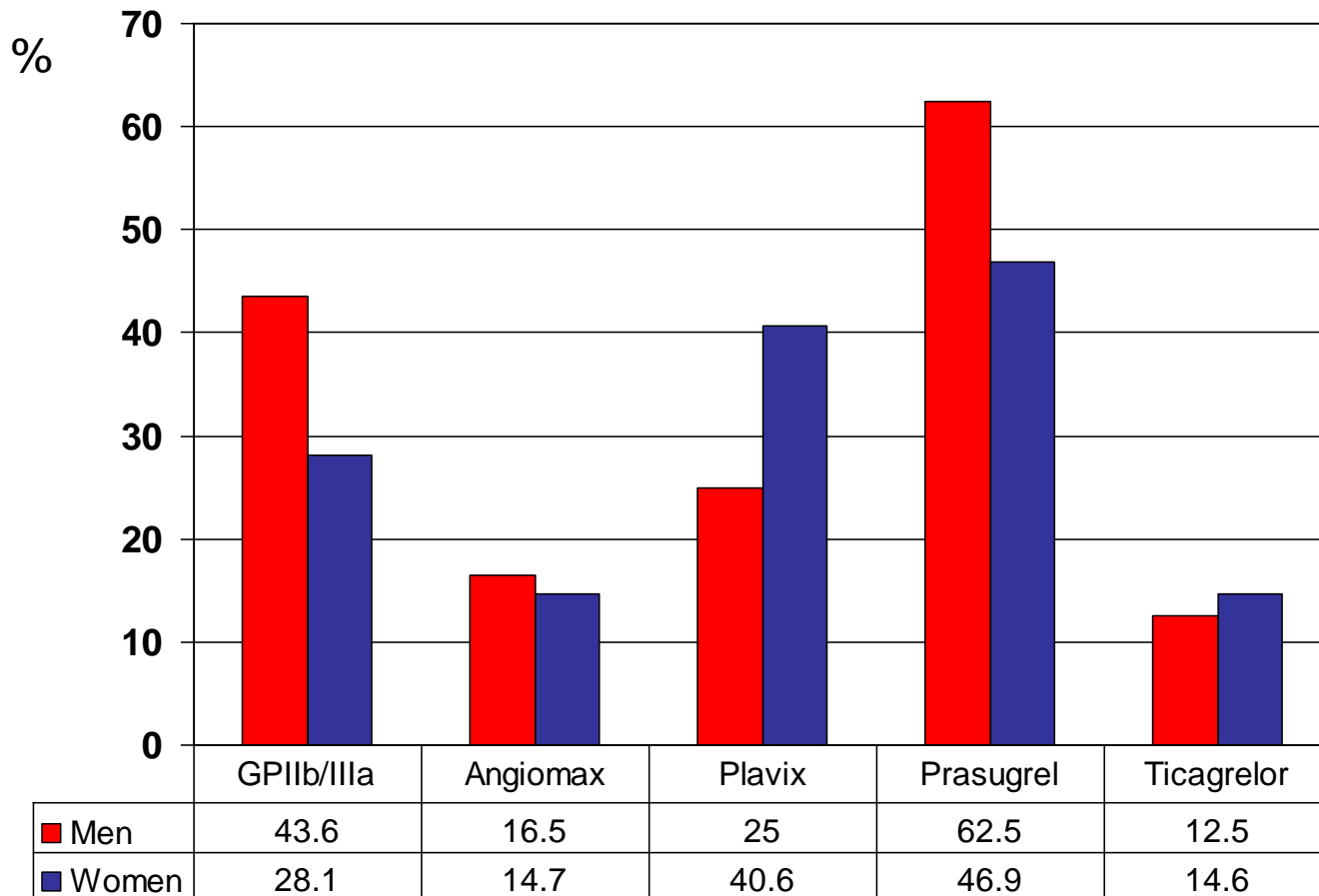
- **Men**
 - Mean = 91 ± 88 minutes
 - Median = 68 minutes

- **Women**
 - Mean = 93 ± 93 minutes
 - Median = 70 minutes

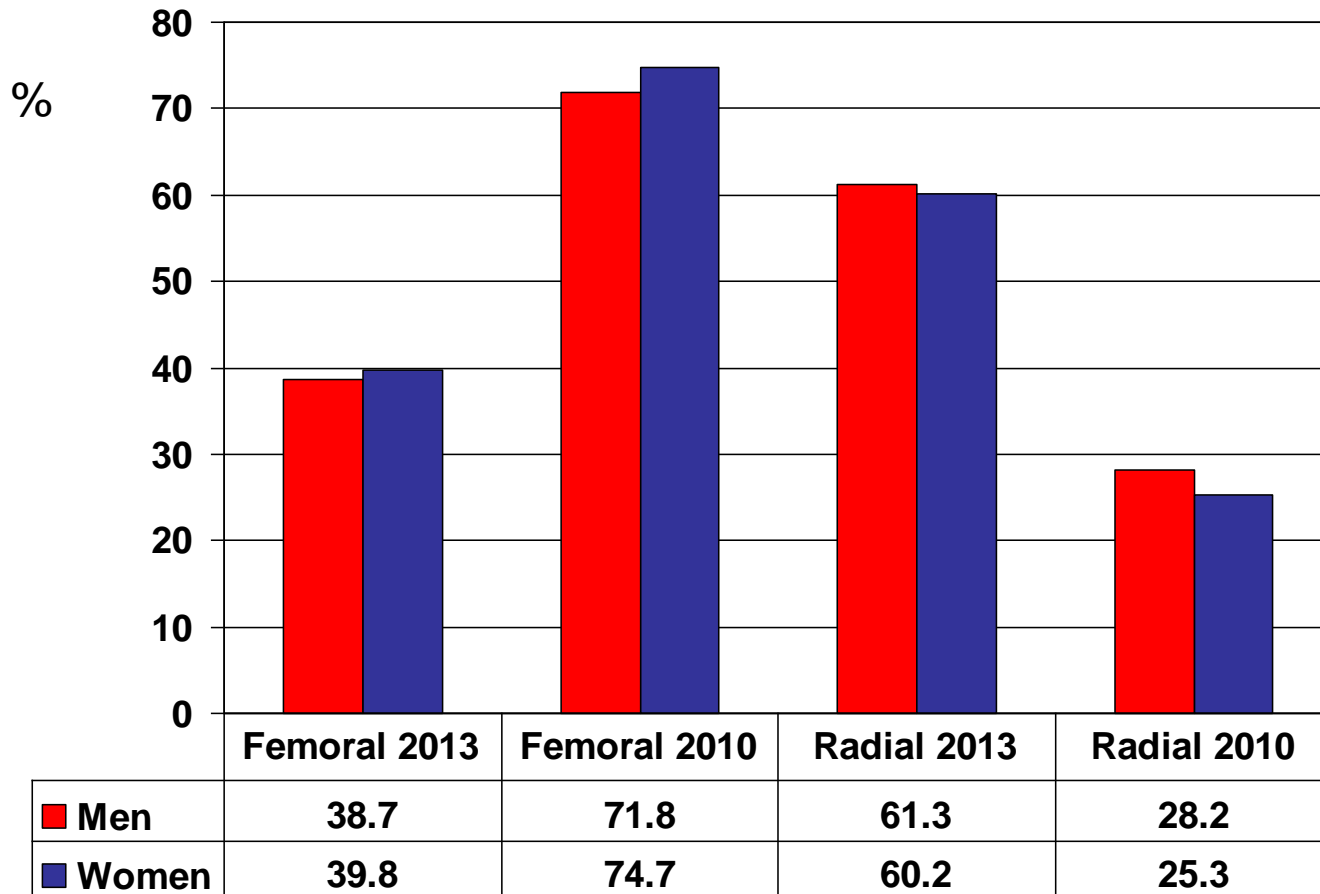
Trends in Time from door to balloon in STEMI: 2000-2013



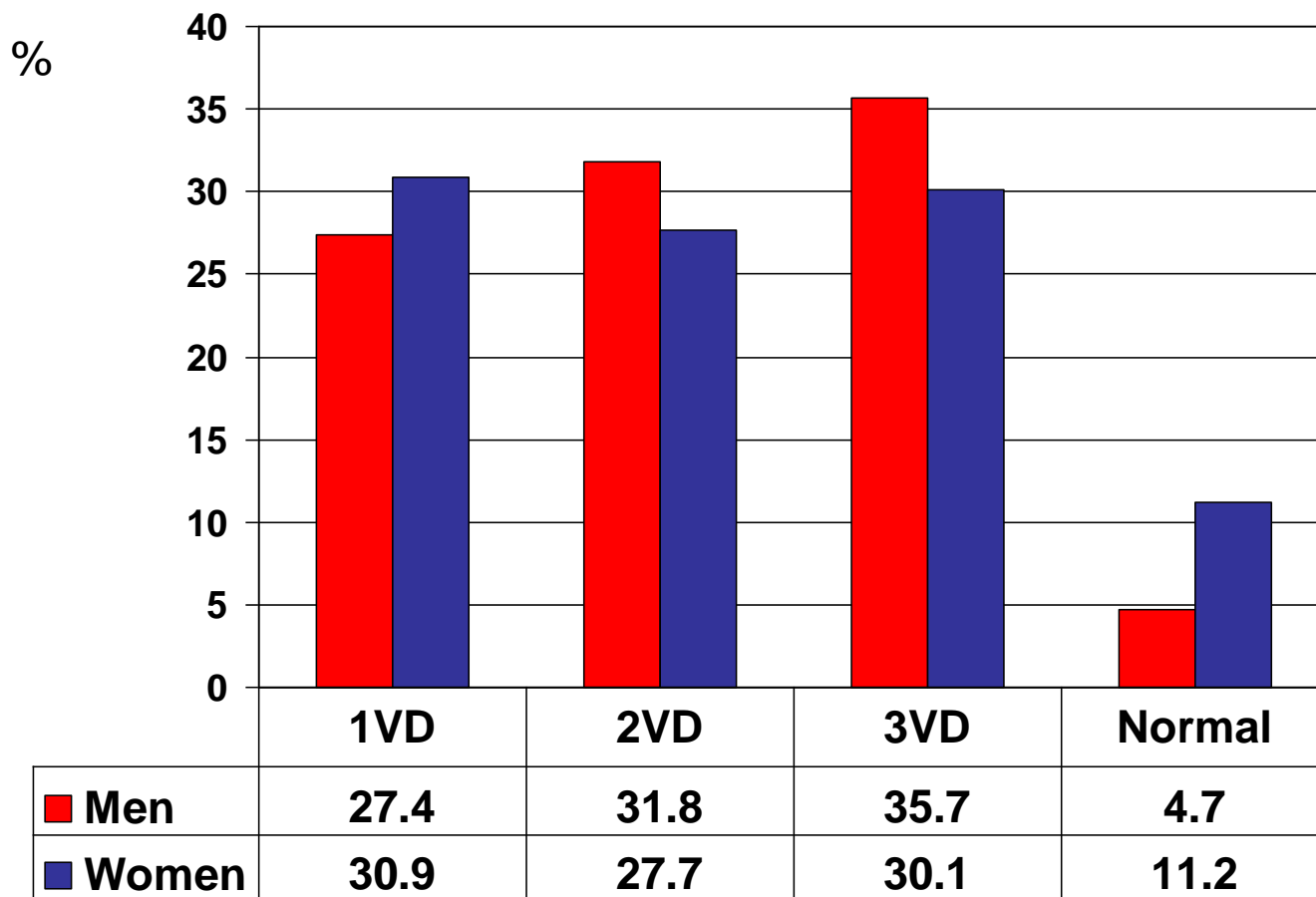
Use of anti-thrombotic Therapies in STEMI



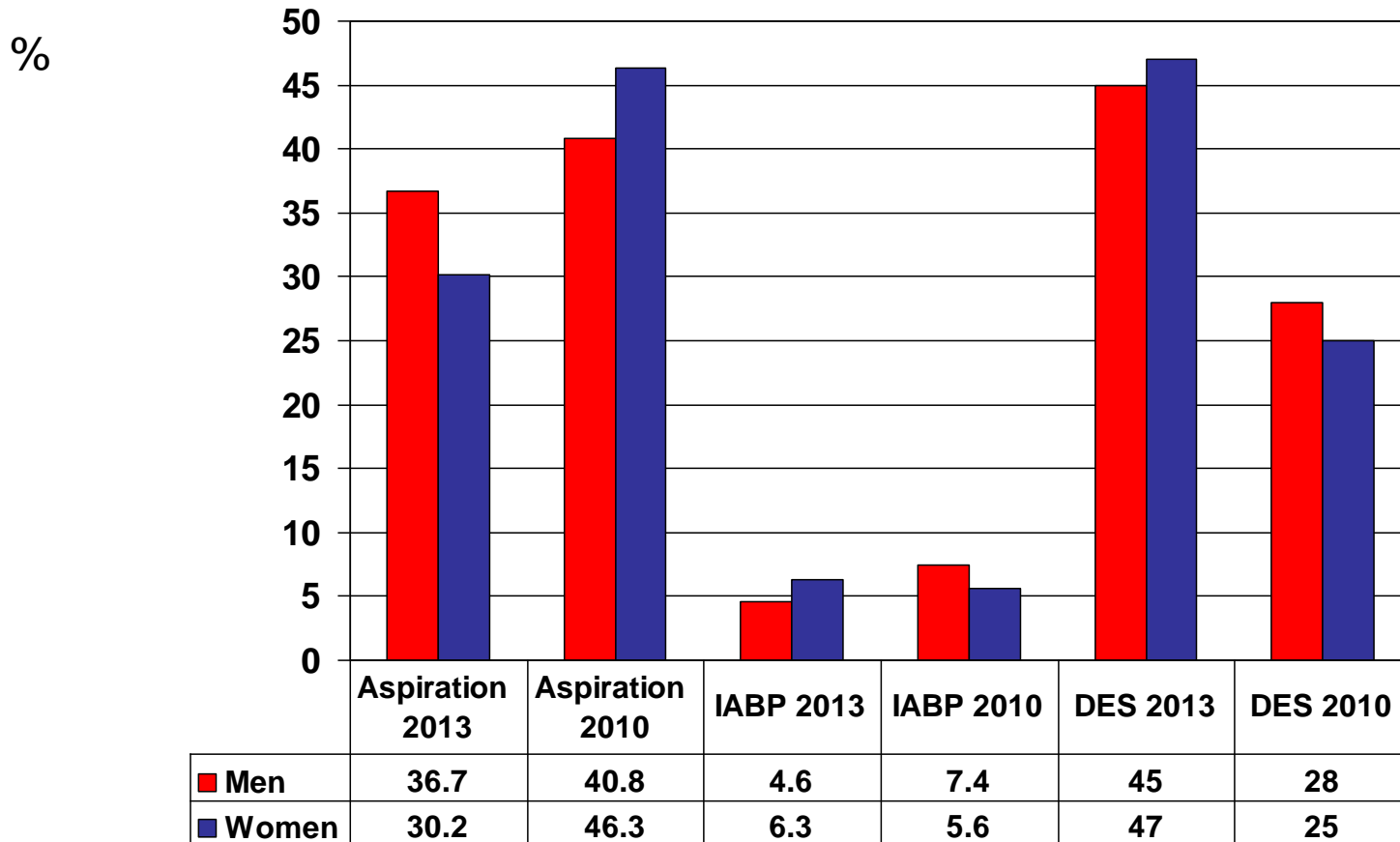
Vascular Access in STEMI



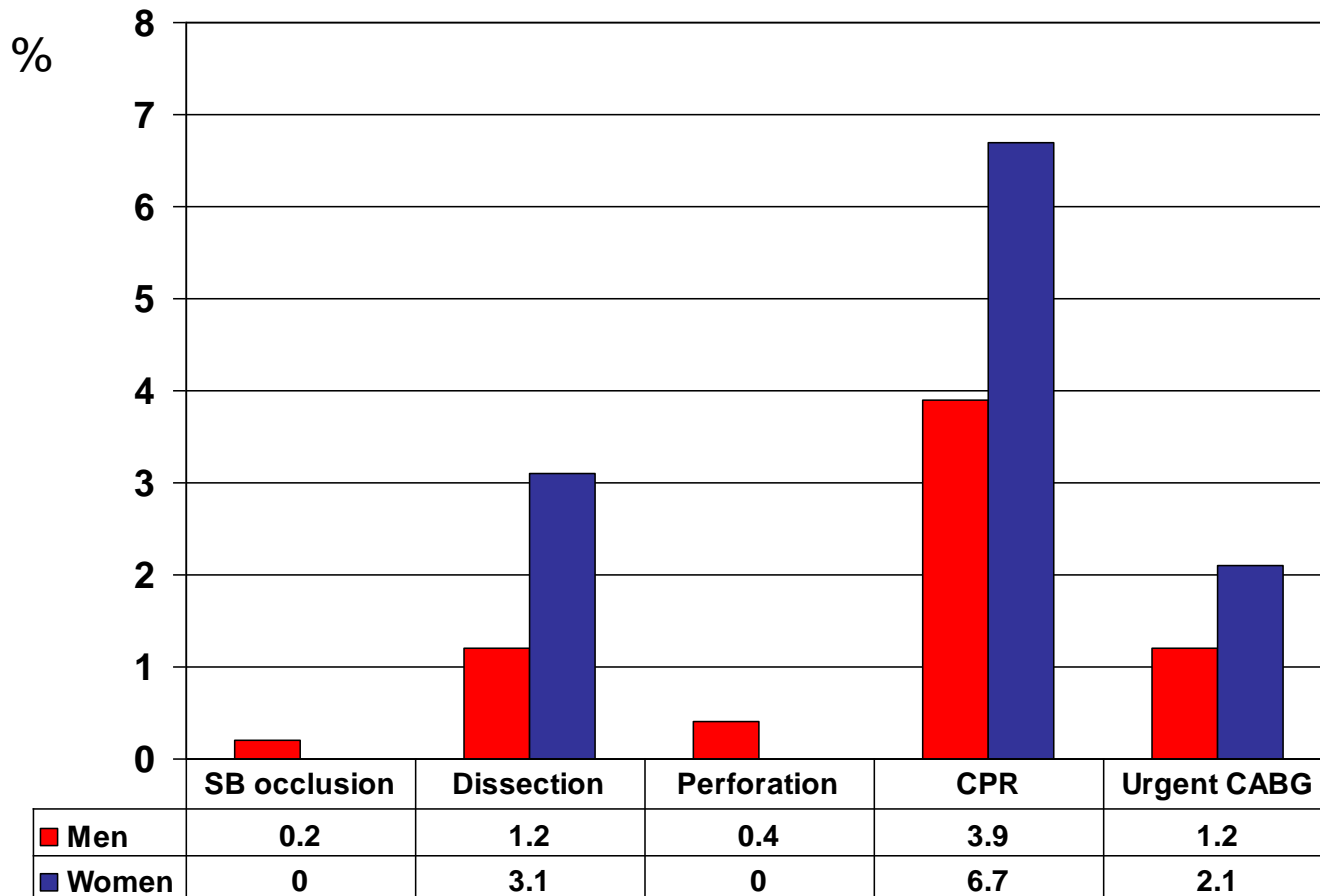
Extent of Coronary Disease in STEMI



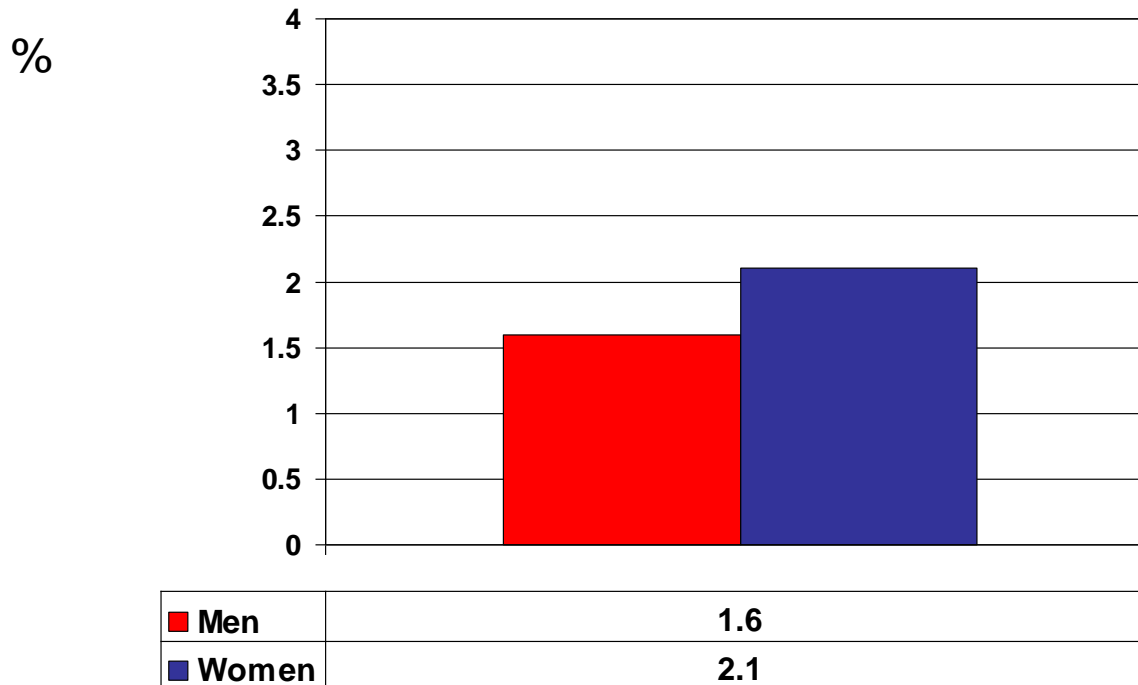
Use of aspiration, IABP and DES in STEMI



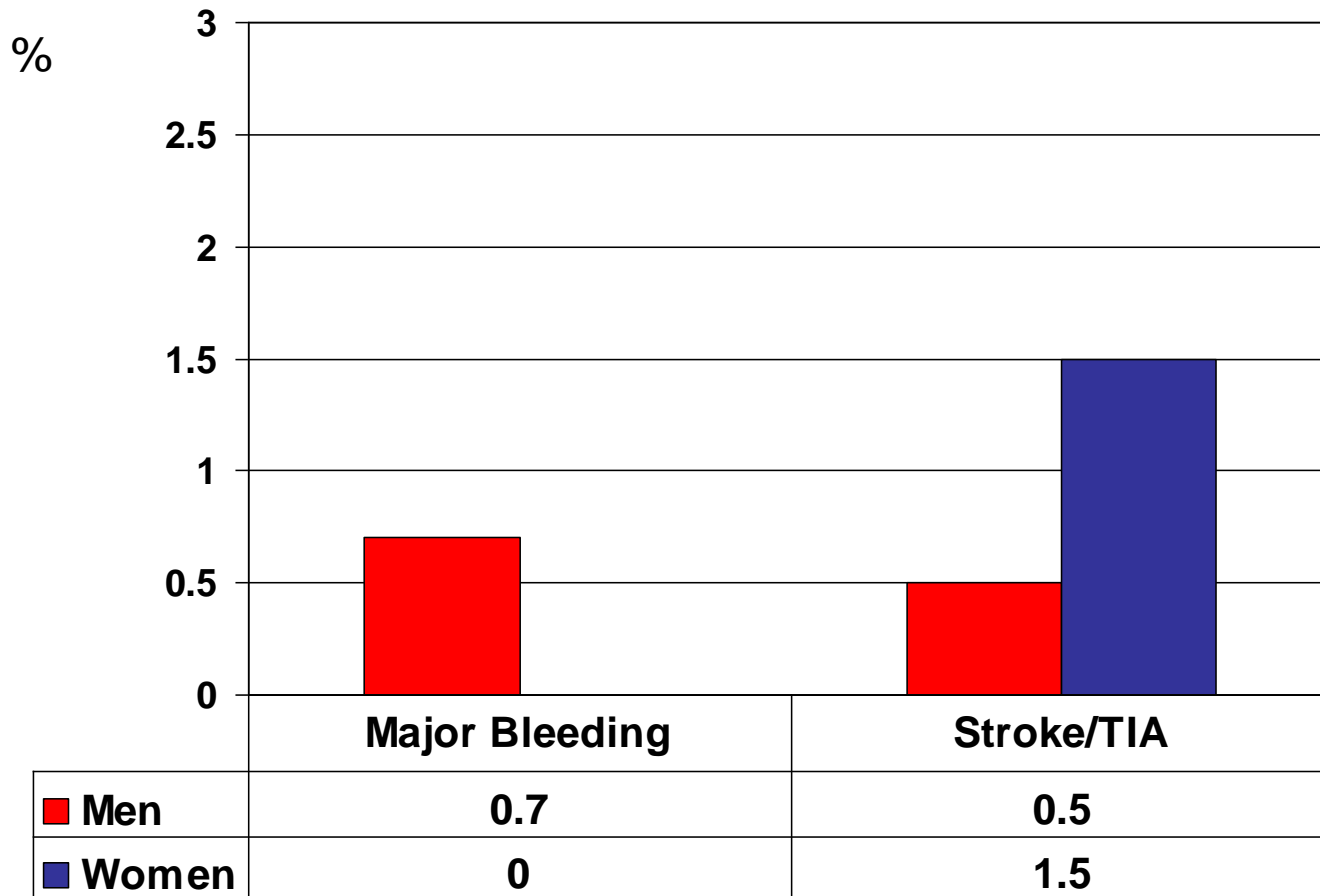
Procedural Complications in STEMI



Referral to CABG in STEMI



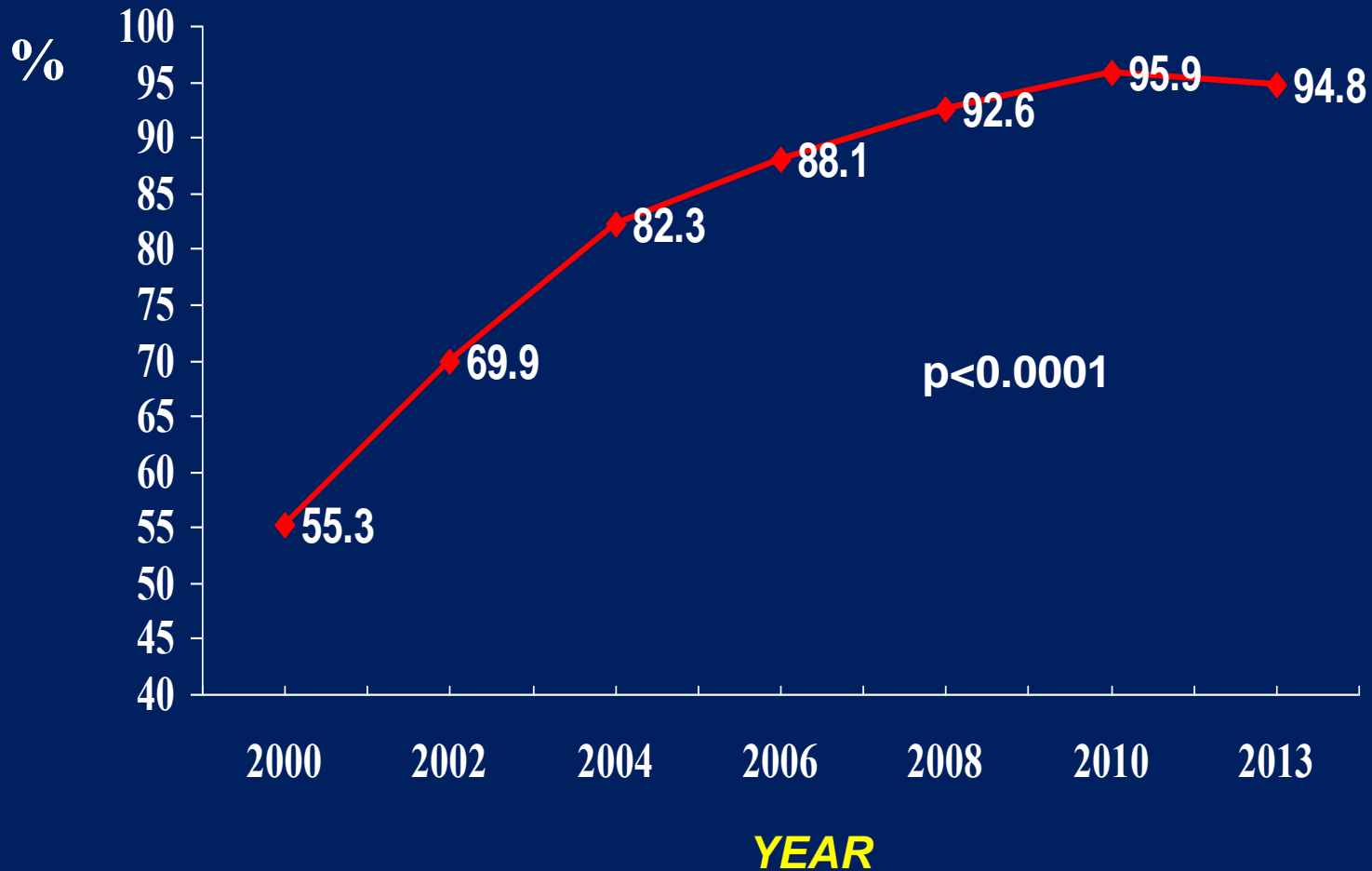
In-Hospital Major Bleeding / Stroke



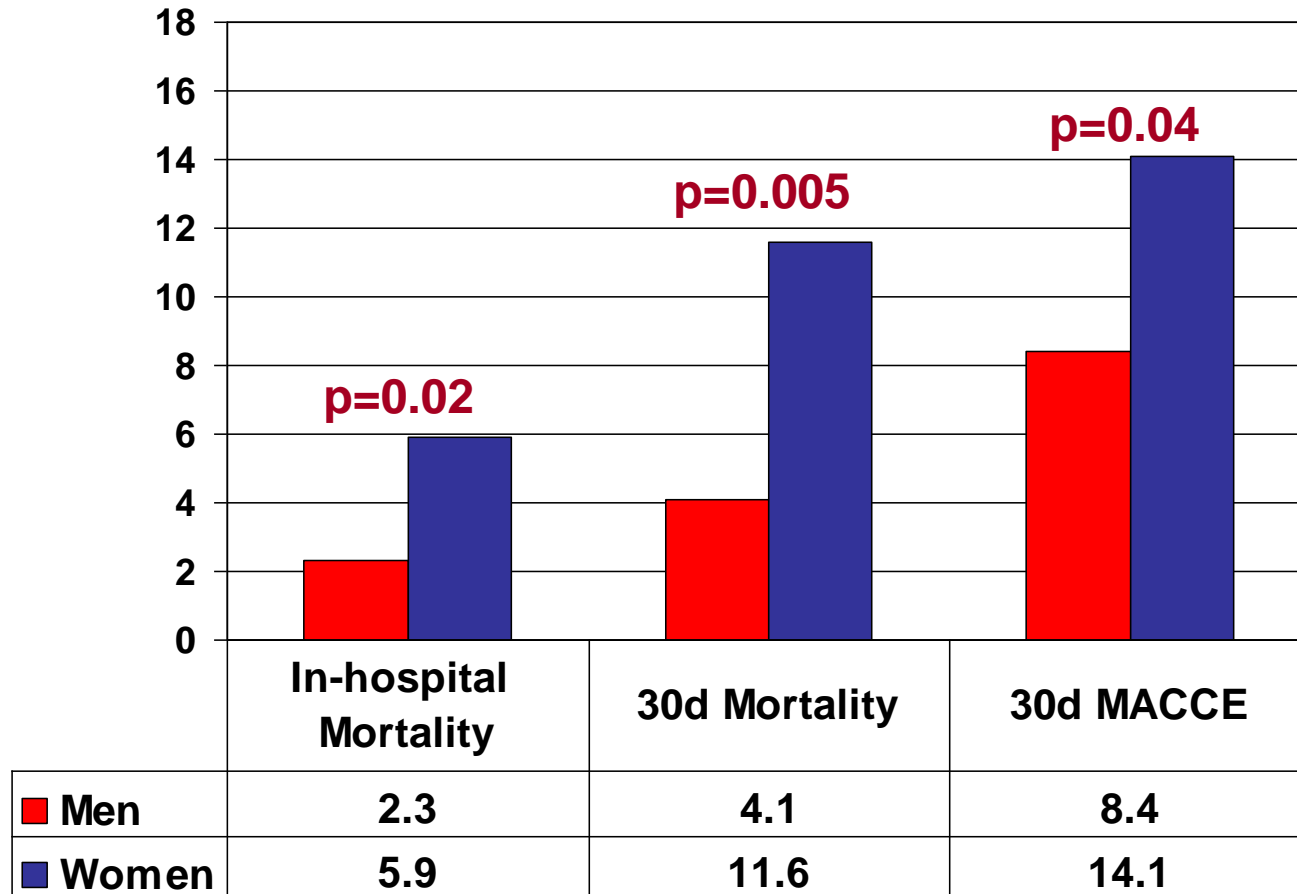
Medical Therapy at Discharge by Gender

%	<u>Men</u>	<u>Women</u>	<u>p value</u>
Aspirin	95.8	91.0	0.02
Clopidogrel	23.0	36.8	<0.001
Prasugrel	??	??	
Ticagrelor	??	??	
ACE inhibitors	73.9	66.4	0.08
ARBs	7.8	11.9	0.11
Beta blockers	80.2	71.6	0.03
Statins	91.7	89.6	0.42

Rate of primary PCI from all patients undergoing primary reperfusion 2000-2013 Trends

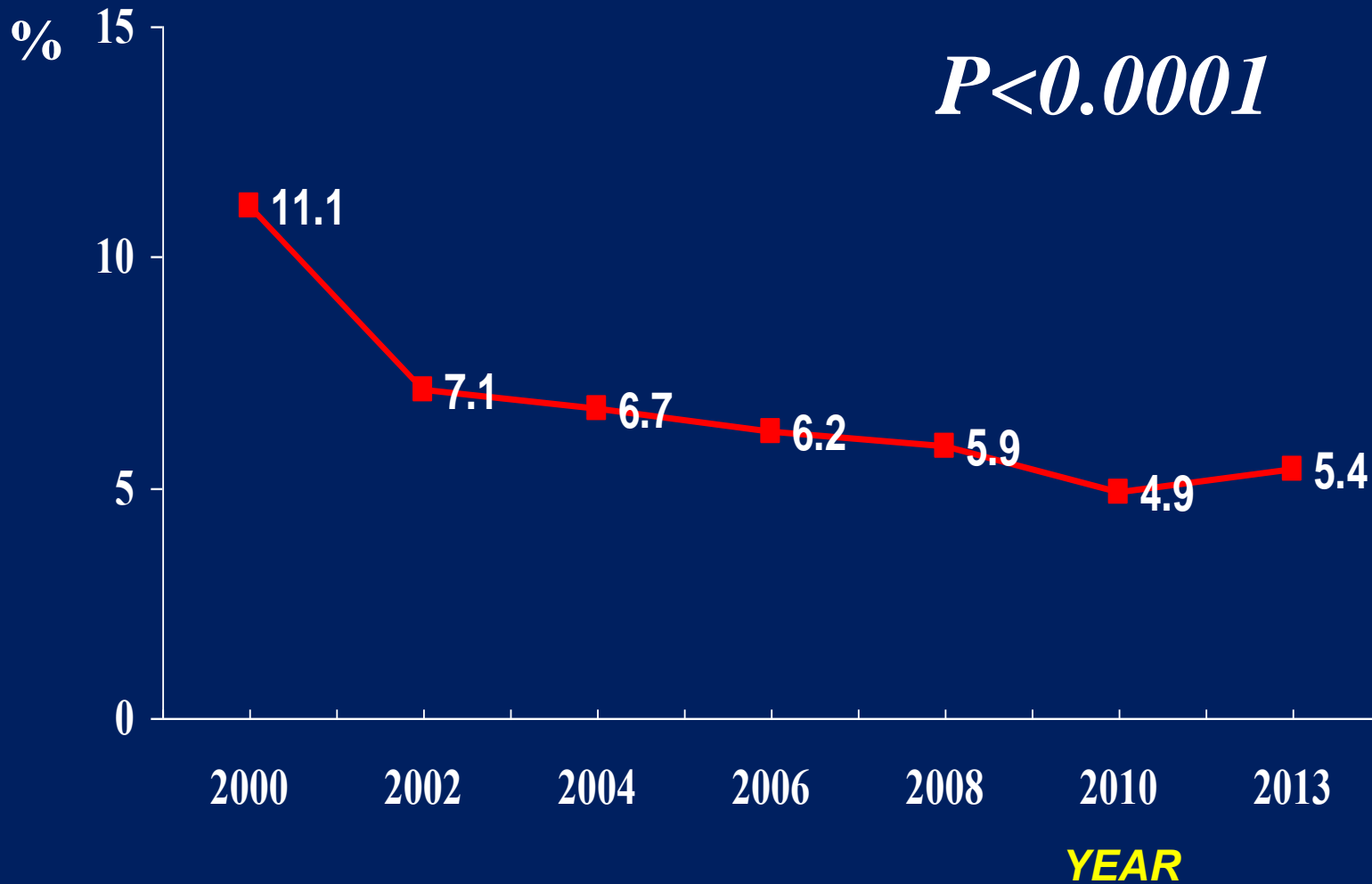


Outcome of Patients with STEMI Unadjusted



MACCE = death/ UAP/ MI/ CVA/ urgent revascularization/ stent thrombosis

30d Mortality Trends 2000-2013

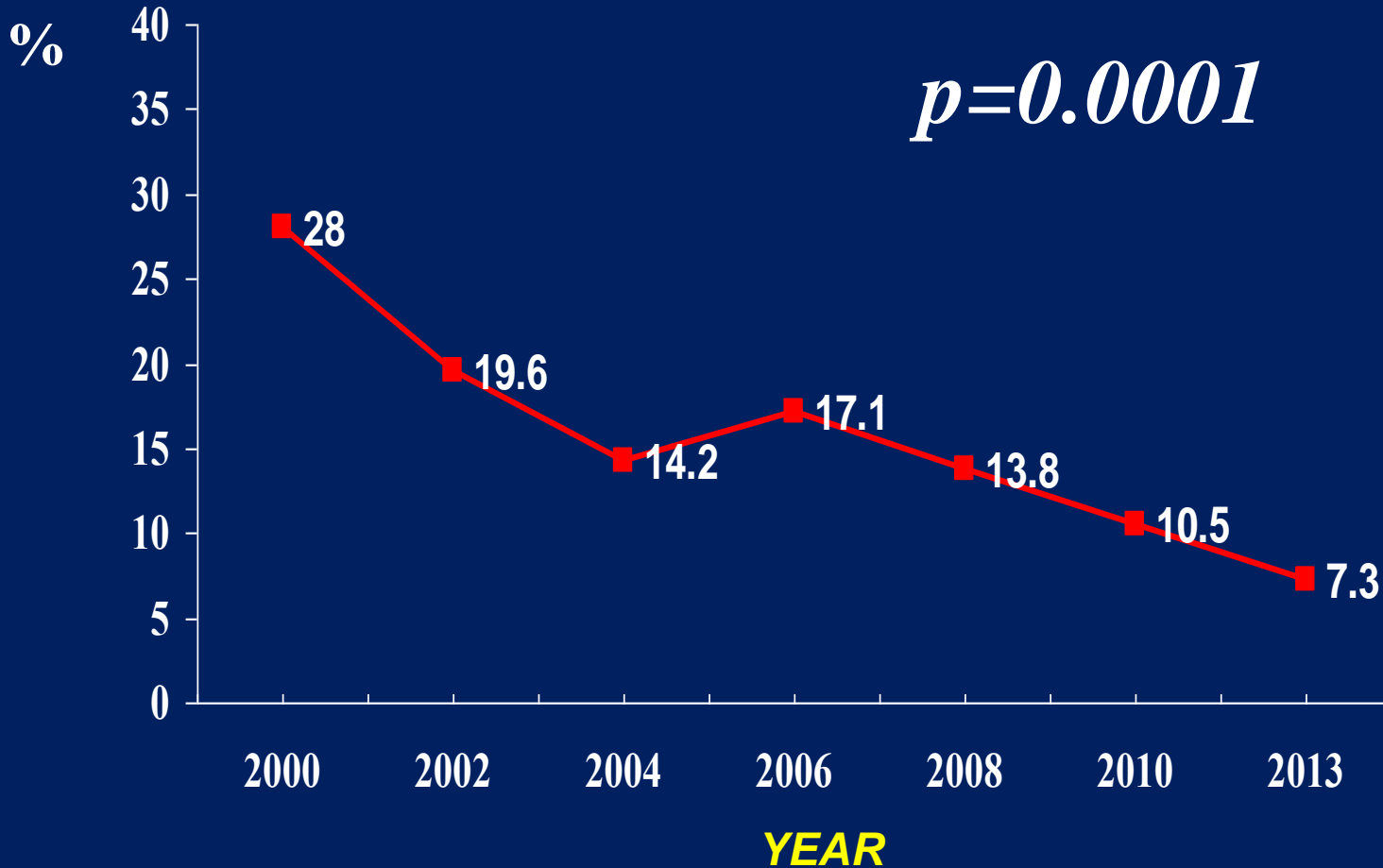


ACSIS 2013

30d MACCE

death/ UAP/ MI/ CVA/ urgent revascularization/ stent thrombosis

2000-2013 Trends



ACSIS 2013

Summary

- **Almost 80% of patients with STEMI receive primary reperfusion**
- **Primary PCI is the preferred mode of reperfusion in most of Israeli hospitals**
- **Time intervals, especially pain to FMC should be improved**
- **DES use has increased while use of aspiration decreased**
- **Radial approach is now used in majority (60%) of patients**
- **In-hospital complications are low**
- **30d mortality remained constant from 2008 to 2013**
- **30d MACCE has decreased significantly**

תודה רבה!

