

Characteristics, Management and Prognosis of Israeli Arabs and Jews with ACS: Data From Acsis 2008

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Background: In recent years, there has been an impressive improvement in the management and outcome of pts hospitalized with ACS. Previous reports from Israel have shown an excess in risk factors and worse outcome after ACS among Arabs.

Methods: We examined the characteristics, management and outcome of Arabs and Jewish pts hospitalized with ACS in Israel during a 2-month period in ACSIS 2008. ACSIS plays a major role in the assessment of the quality of care of ACS pts in Israel .

Results: Baseline characteristics, management and outcome of the 2 groups were:

	Arabs (n=316)	Jews (n=1421)
Age (mean ±SD)*	59±13	64±13
Men (%)	78	80
Past MI (%)	33	31
Past PCI (%)	36	34
Past CABG (%)	9	10
Diabetes (%)*	50	35
Hypertension (%)	60	60
Dyslipidemia (%)	77	74
Smokers (%)*	52	36
Family History (%)*	35	25
Killip class I-IV (admission) (%)	12	13
Primary reperfusion (in STE) (%)*	66	63
Primary PCI /TLx (%)	84/16	88/12
Any coronary angio (%)*	85	89
Any PCI (%)	71	69
Medications at discharge:		
Aspirin (%)	97	96
Clopidogrel (%)	81	79
ACE-I / ARB (%)*	77	75
Beta-blockers (%)	83	82
Statins (%)	92	93
Age-adj. Mortality: 7-day (%)*	4.2	2.2
30-day (%)	5.5	3.8
Age-adj. 30-day MACE	15.5	11.9

*P<0.05

Conclusion: ACSIS-2008 data show that Arabs were 5 yrs younger than counterpart Jewish pts, and had higher prevalence of known CAD risk factors. Their in-hospital management was comparable, but their early outcome tended to be worse. The higher prevalence of risk factors and ACS appearance at younger age, can partially explain, the mortality excess in Arabs vs. Jews. Primary and secondary prevention modalities should be implied to this high risk population by changing their lifestyle and emphasizing their risk factors.