

**STUDY ON THE IN-HOSPITAL TREATMENT
OF PATIENTS WITH NON-ST ELEVATION
MYOCARDIAL INFARCTION**

**INFARCTION
REGISTRY DATA**



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HISTORY

- During the past years, the treatments of infarction with ST elevation (STEMI) and with non-ST elevation (NSTEMI) have been performed differently.
- In case of STEMI, the optimal treatment is the early revascularisation, while in case of NSTEMI, the treatment strategy is based on risk stratification (GRACE score and others).



GRACE

(Global Registry of Acute Coronary Events)

GRACE ACS Risk Model

At Admission (in-hospital/to 6 months) | At Discharge (to 6 months)

Age: 50-59

HR: 70-89

SBP: 140-159

Creat.: 71-105

CHF: II (rales and/or JVD)

Cardiac arrest at admission

ST-segment deviation

Elevated cardiac enzymes/markers

Probability of	Death	Death or MI
In-hospital	3%	20%
To 6 months	6%	31%

US Units | Reset

Calculator | Instructions | GRACE Info | References | Disclaimer



Non STE-ACS: In-hospital Mortality

Risk Category (tertiles)	GRACE Risk Score	Probability of Death In-hospital (%)
Low	1-108	<1
Intermediate	109-140	1-3
High	141-372	>3

Non STE-ACS: 6 Month Post-discharge Mortality

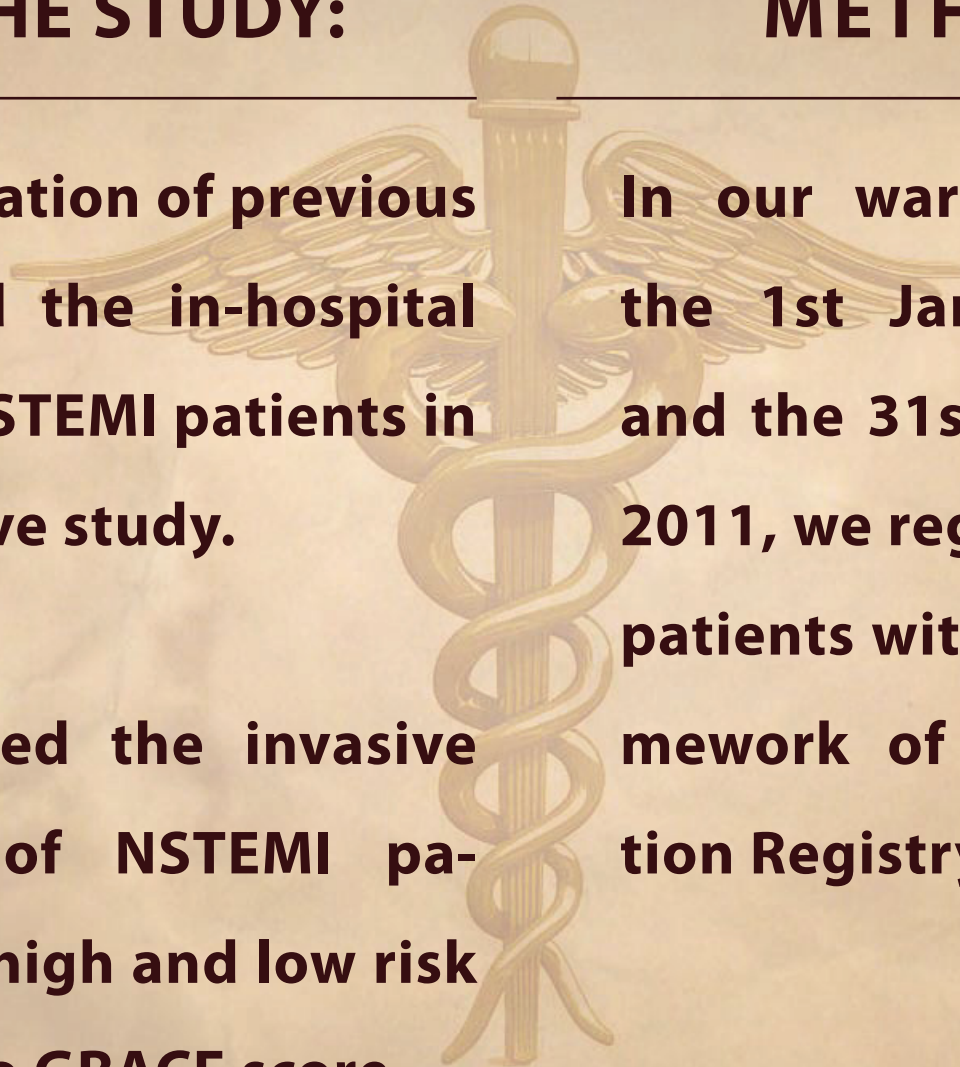
Risk Category (tertiles)	GRACE Risk Score	Probability of Death Post-discharge to 6 Months (%)
Low	1-88	<3
Intermediate	89-118	3-8
High	119-263	>8

GOAL OF THE STUDY:

- **The examination of previous history and the in-hospital course of NSTEMI patients in a prospective study.**
- **We examined the invasive treatment of NSTEMI patients with high and low risk according to GRACE score.**

METHOD:

In our ward, between the 1st January 2010 and the 31st December 2011, we registered 255 patients within the framework of the Infarction Registry.

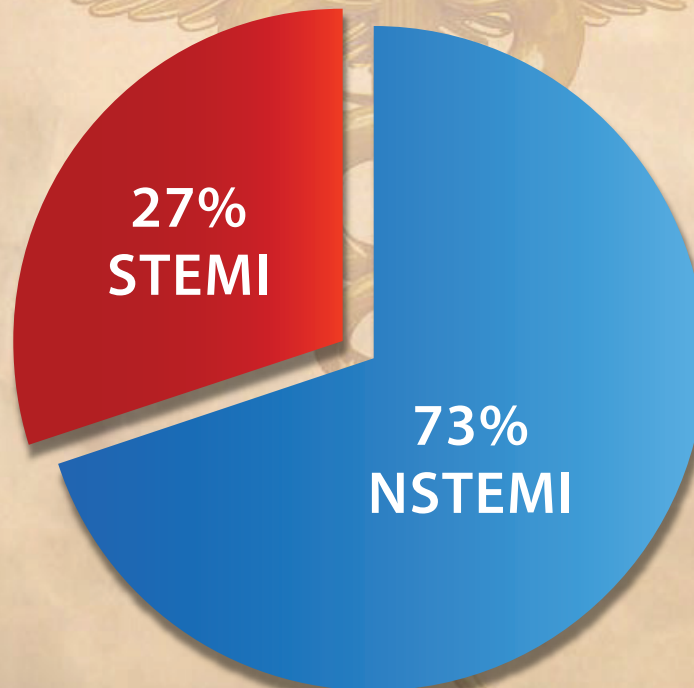
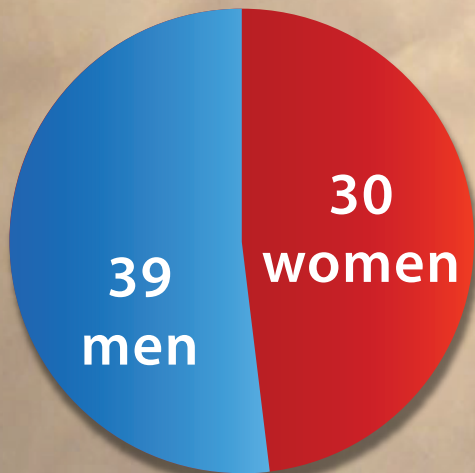


GROUPS ACCORDING TO INFARCTION TYPE

During the above period we treated 255 patients with MI out of which 186 patients with NSTEMI

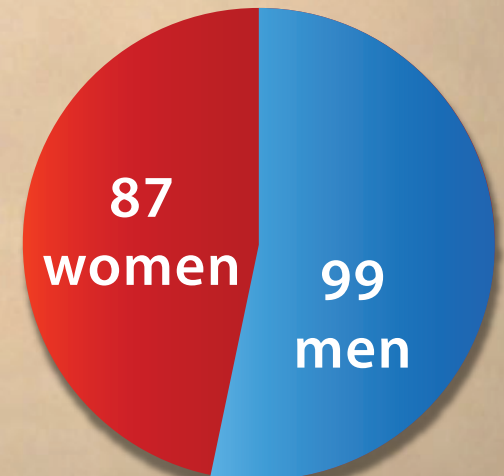
In case of STEMI:

- 30 women
- 39 men



In case of NSTEMI:

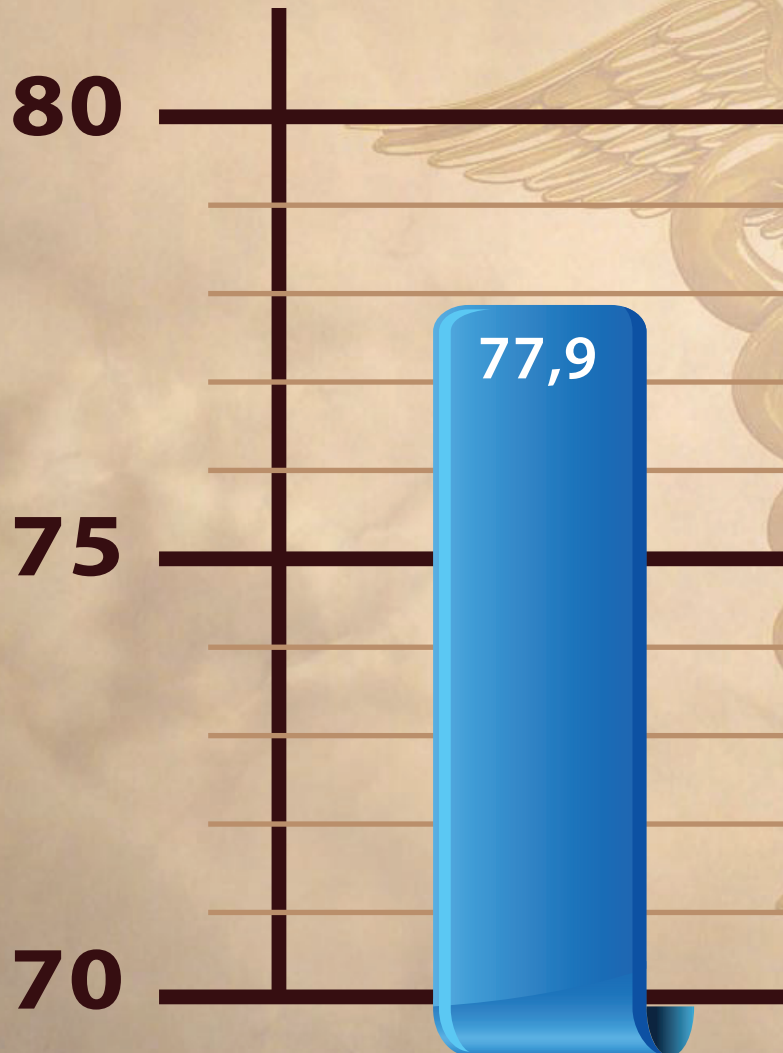
- 87 women
- 99 men





The indication of the heart catheterisation was made according to the clinical evaluation. However, in a retrospective way, we defined the GRACE score of the patients. Following this, we compared the clinical decisions to the score values.

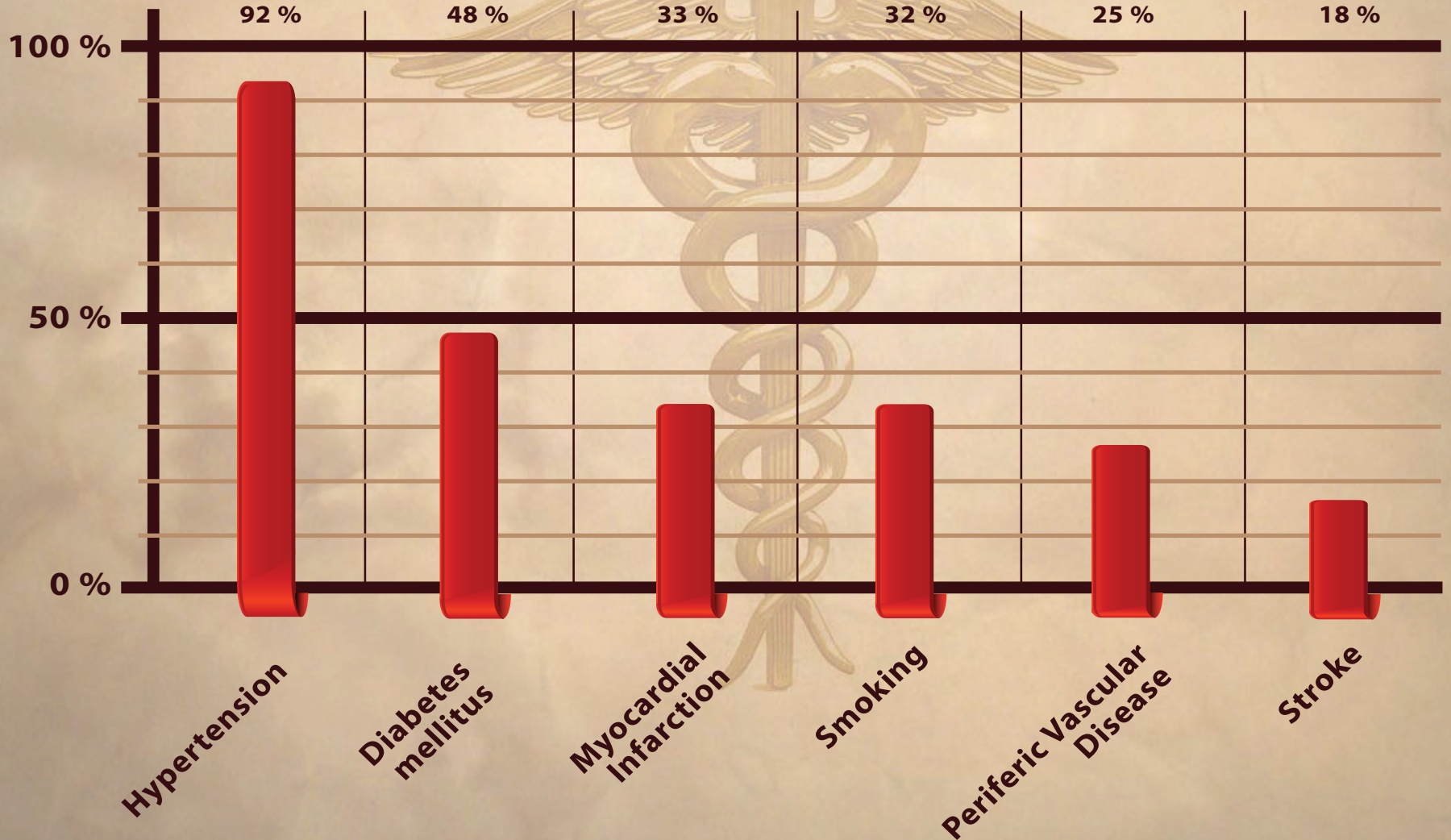
RESULTS



**The mean age
of the 186 patients
treated because of
NSTEMI was:
77.9+/-10.7* years**

*** - SD**

DISEASE HISTORY DATA (NSTEMI)



- **Out of 186 NSTEMI patients 70 (37.6%) were treated with coronary intervention during their in-hospital treatment.**

However, based on their

- **GRACE scores, 158 patients (84.9%) turned out to have high risk profile.**

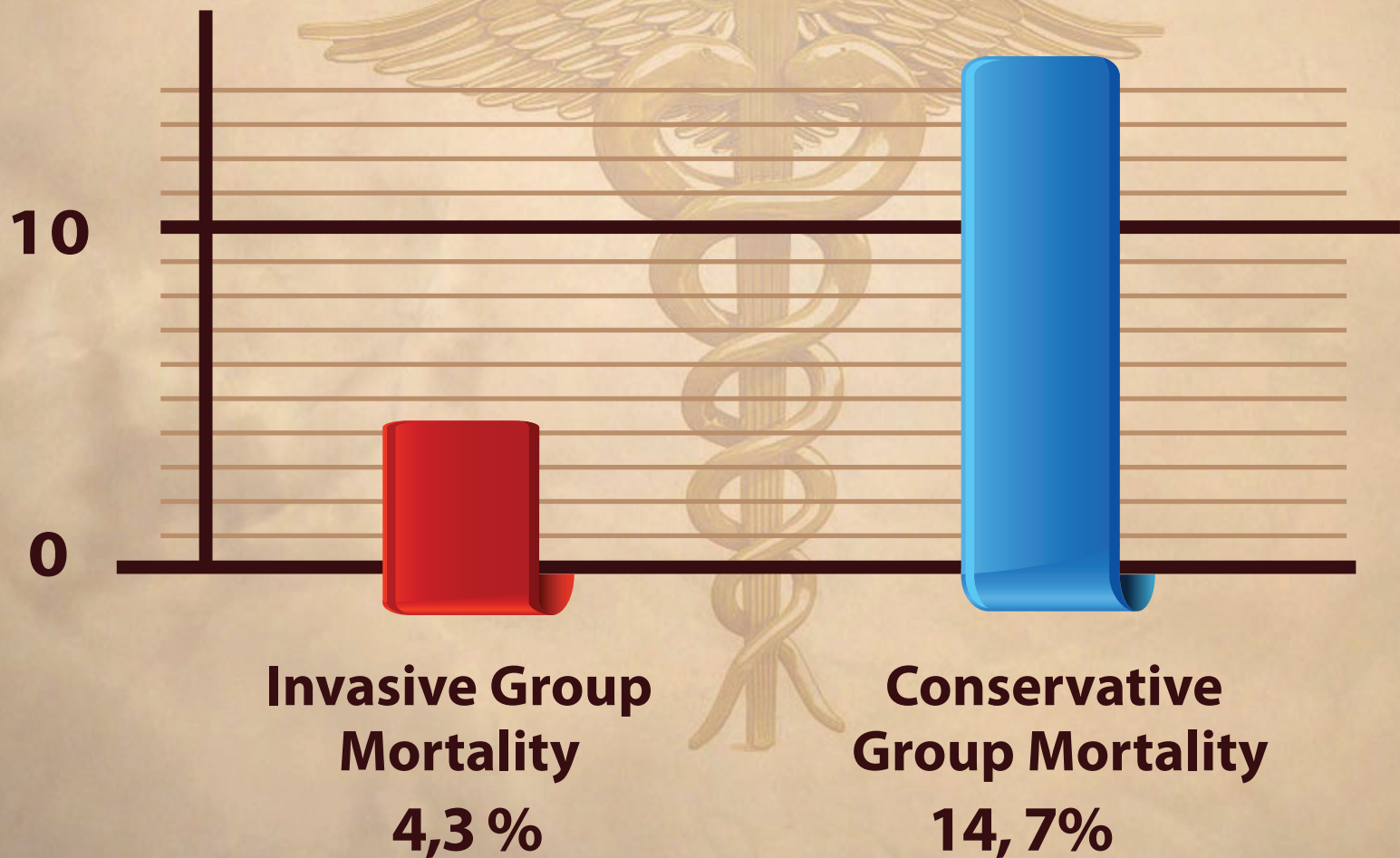


WE ANALYSED IN DETAIL THE CAUSES OF THE ABSENCE OF CORONAROGRAPHY:

- **Tumor: 7 cases**
- **Dementia: 29 cases**
- **Patients who didn't agree with the examination: 8 cases**
- **Active gastrointestinal bleeding:
12 cases**
- **Not known: 25 cases**

MORTALITY IN HOSPITAL:

ALL NSTEMI PATIENTS MORTALITY: 10,7 %



CONCLUSION:

- 1.** In case of our patients treated because of NSTEMI, according to the clinical evaluation only the half of the high-risk patients were treated with revascularisation during hospitalization.
- 2.** In the revascularisation group, we observed a significantly lower hospital mortality (4,3% vs 14,7%).
($\text{Chi}^2 = 4.89$ $p = 0.0269$)
- 3.** The definition of the GRACE score is needed for each patient during the clinical decision-making, because it is an important tool for prognostic evaluation.

THANK YOU FOR YOUR ATTENTION

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