
European STEMI Guidelines Emphasise Care Coordination

The European Society of Cardiology (ESC) guidelines for the management of patients with acute ST-elevation MI (STEMI) anticipate spurring efforts to improve the speed and efficiency of STEMI care in Europe.

The new recommendations, which were announced at the European Society of Cardiology 2012 Congress on 26 August, suggest a new standard for time from medical contact to ECG of 10 minutes. Two hours is the limit of acceptable delay for a patient transferred from a non-PCI (Percutaneous Coronary Intervention) centre to a PCI centre, though the target should be 90 minutes, suggest the guidelines. If PCI within two hours of presentation appears to be impossible, then fibrinolysis should be administered within 30 minutes, it is recommended.

The guidelines suggest that if fibrinolysis succeeds, angiography can begin with the expectation of PCI within three to 24 hours. If fibrinolysis fails, the interventionalist should consider PCI admission as quickly as possible.

Europe does not yet have a pan-European STEMI registry, but some countries have national registries, highlighted Dr. Gabriel Steg, chair of the task force that wrote the new recommendations.

The guidelines recommend implanting drug-eluting instead of bare-metal stents in patients who are not contraindicated for dual antiplatelet therapy and are likely to stick to their prescribed regimen. They also advise newer antiplatelet drugs, such as prasugrel or ticagrelor over clopidogrel.

The document also supports employing transradial catheterisation rather than the transfemoral approach, but only in the hands of experienced operators.

Many areas in need of further research are identified in the guidelines, ranging from questions about early prehospital care to longterm management.

The new document replaces the guidelines released in 2008 and complements the non-STEMI treatment guidelines released at last year's ESC congress.

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