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THE UTILITY RATE OF ELECTIVE PERCUTANEOUS CORONARY INTERVENTION IN PATIENTS WITH ST ELEVATION ACUTE MYOCARDIAL INFARCTION IN BEIJING, CHINA

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Objectives Despite primary percutaneous coronary intervention (PCI) was the most effective way to reduce the mortality for the patients with ST elevation acute myocardial infarction (STEMI), the time delayed STEMI patients could undergo elective PCI. Few studies have reported the utility rate of elective PCI in STEMI patients on a population-based study in Beijing. To examine the utility of elective PCI among hospitalised STEMI patients in Beijing.

Methods The study was based on the 'Beijing Acute Myocardial Infarction (AMI) Surveillance Platform' data system, which contains the electronic records of all AMI cases admitted to tertiary hospitals or secondary hospitals in Beijing area during the year 2007 to 2009. The patients with STEMI aged 25 or over were included in this study. Patients with STEMI underwent PCI >24 h from the onset of ischaemic symptoms were defined as elective PCI.

Results Totally 31 400 patients (mean age 62.8 ± 13.2 year, 72.8% male) with STEMI were recruited. Totally 41.7% of STEMI patients received PCI during hospitalisation in acute period. STEMI patients received early PCI and elective PCI were 23.0% and 19.5% respectively. From 2007 to 2009, elective PCI rate showed upward trend (12.8% in 2007 vs 24.0% in 2009, $p < 0.001$). The tertiary hospitals had 1.8 times higher elective PCI rate than that in secondary hospitals (24.6% vs 8.7%, $p < 0.001$). The elective PCI rate for Beijing suburb was lower than that for Beijing urban (19.2% vs 15.2%, $p < 0.001$). Among STEMI patients received elective PCI, 45.7% received the elective PCI upto 7 days of onset of AMI. Hospitalised mortality was 13.4% for patients without PCI, while 1.8% for those who received PCI.

Conclusions PCI rate of hospitalised STEMI patients is still low comparing with other countries. Elective PCI rate shows upward trend from 2007 to 2009. Secondary hospitals still have a huge gap on elective PCI for STEMI patients. The rate of Beijing suburb patients is lower than Beijing urban.