Methods 1307 in-patients with ST segment elevation ACS from 64 hospitals across China were received different therapies in hospitals and a standard questionnaire was used to get information of the patients including demographic, treatments and in-hospital outcomes. We analysed the status of application of reperfusion and aspirin, ACEI, β-blocker, LWMH, Clopidogrel and cholesterol lowering agents on ST segment elevation ACS patients.

Results 1. The were no significant differences in baseline characteristics between the patients from tertiary hospitals and that from the secondary hospitals. 2. 30.9%—69.4% received reperfusion therapies. 1.3%—62.7% received primary PCI, 1.9%—45.8% received Thrombolysis, and nearly 46.2% did not receive any form of reperfusion. Reperfusion therapy was more often used in tertiary hospitals (48.2%) than in secondary hospitals (6.4%). Thrombolysis, and nearly 46.2% did not receive any form of reperfusion therapy.

Conclusions In the most tertiary hospitals in China the application of reperfusion and aspirin, ACEI, β-blocker, LWMH, Clopidogrel and cholesterol lowering agents Statins is lower compared to patients underwent reperfusion. The incidence of combined outcomes (death or MI, and death, MI or Stroke) was also higher in patients without reperfusion therapy. Multivariate logistic regression analysis showed that age ≥75 years, hypertension, diabetes, reperfusion, aspirin, β-blocker, ACEI/ARB inhibitor use were associated independently with in-hospital mortality.

Objective To evaluate the current control status of cholesterol among outpatients with heart artery disease in China.

Methods Fifty outpatients diagnosed heart artery disease were recruited consecutively in each participated hospital. Information for 1806 patients was collected, and control status of cholesterol among the patients was analysed.

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