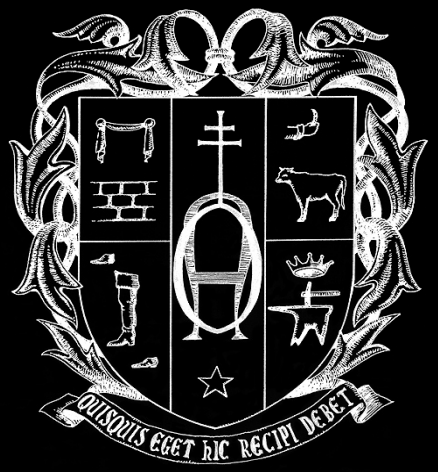
Torino

15-16 Ottobre 2009

GREAT INNOVATIONS IN CARDIOLOGY

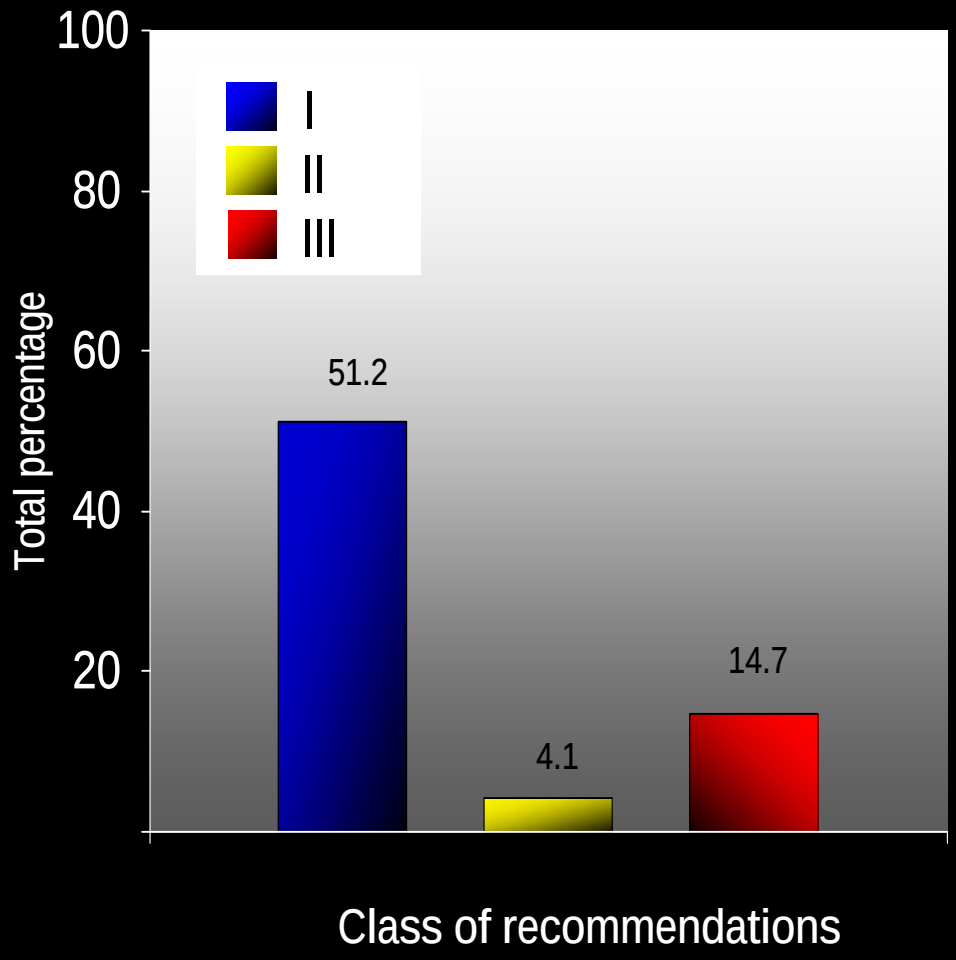
Optimal care of NSTEMI: why to follow the guidelines?

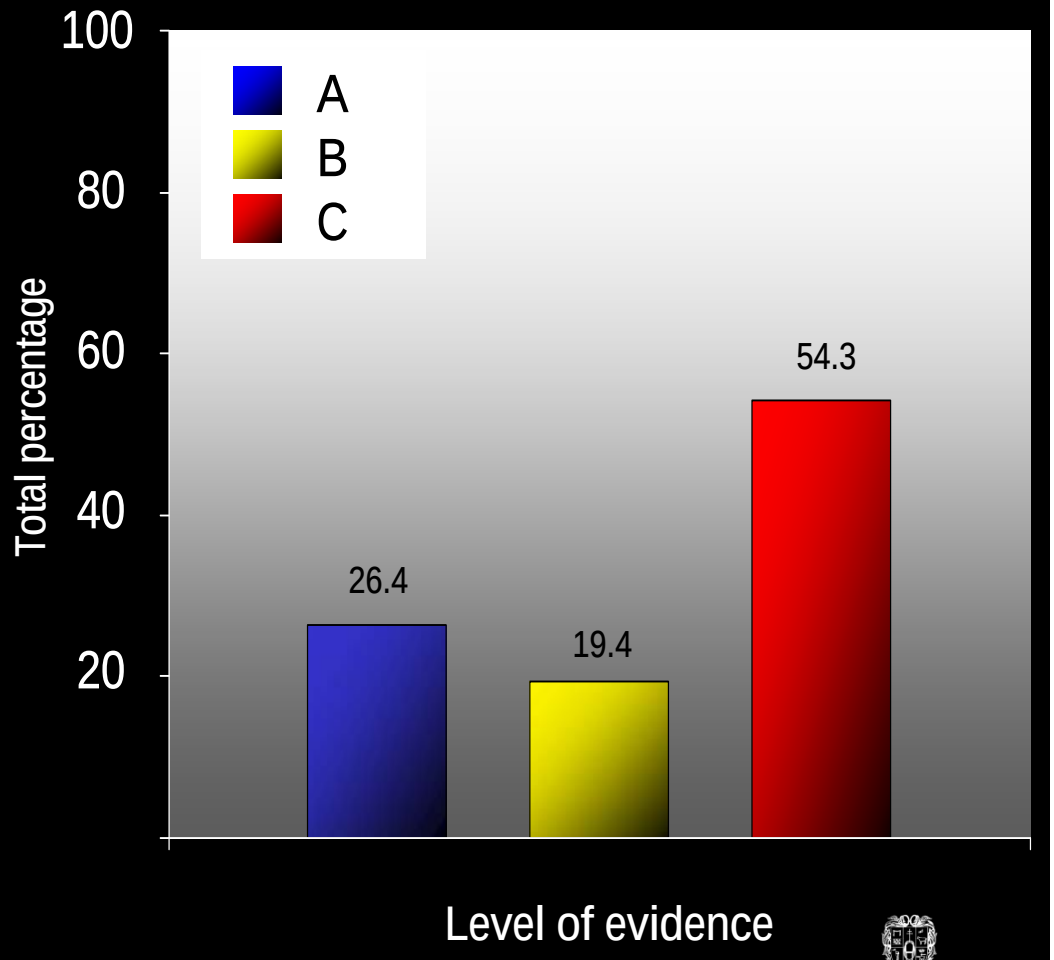


Diego Ardissino

Parma

AHA/ACC Guidelines
Heart failure





Tricoci P, et al JAMA 2009; 301:831-41.

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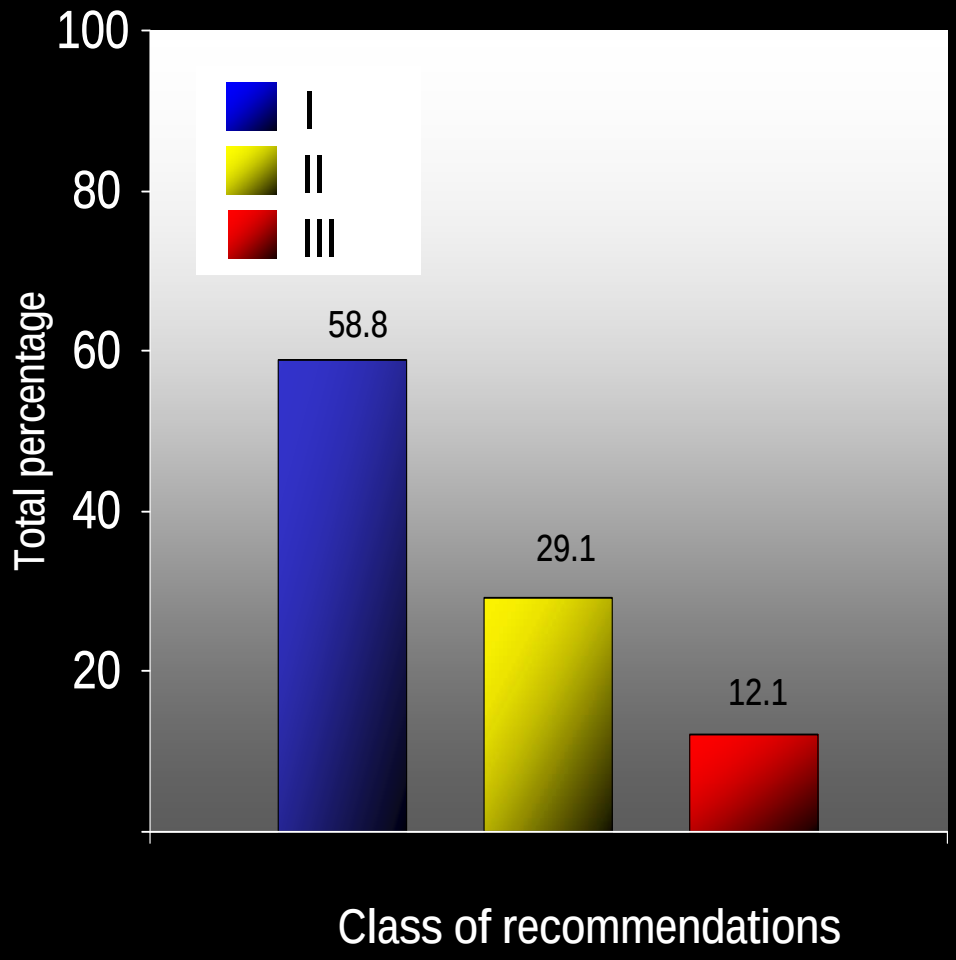
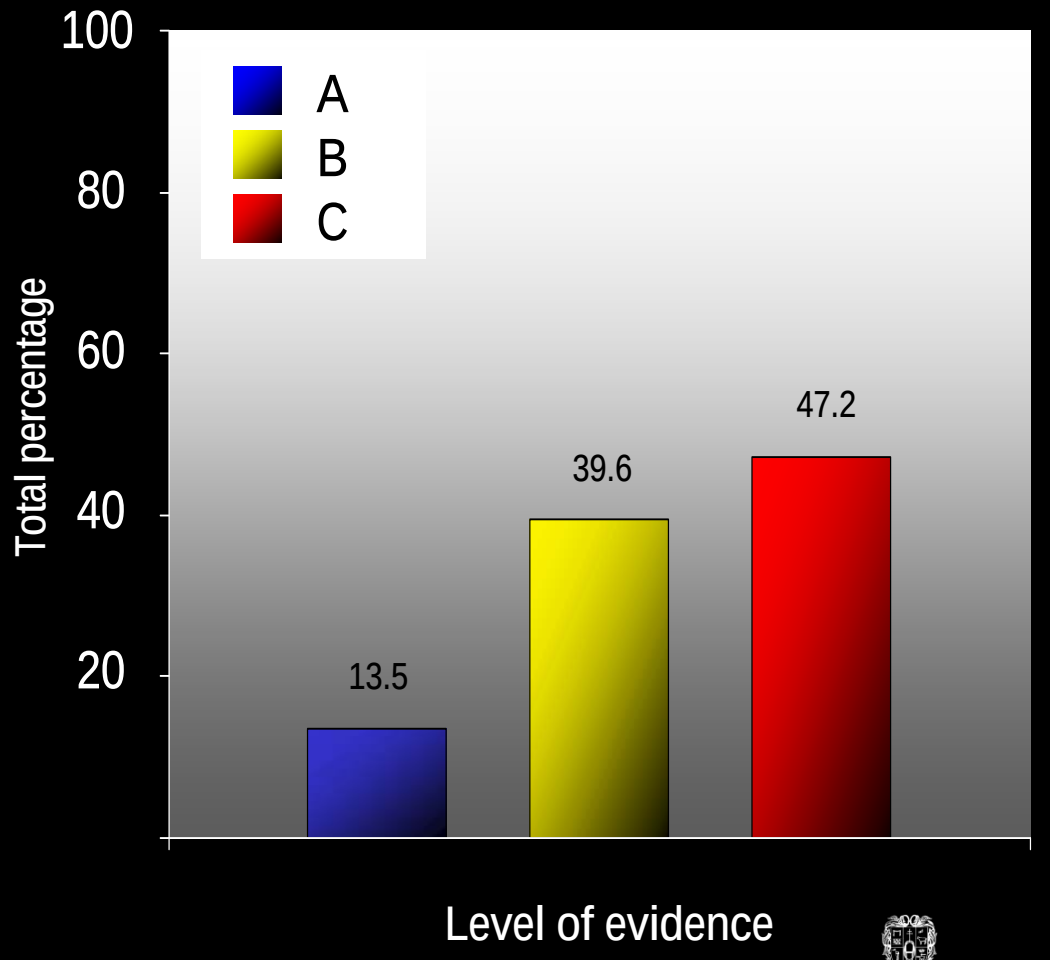
AHA/ACC Guidelines
STEMI





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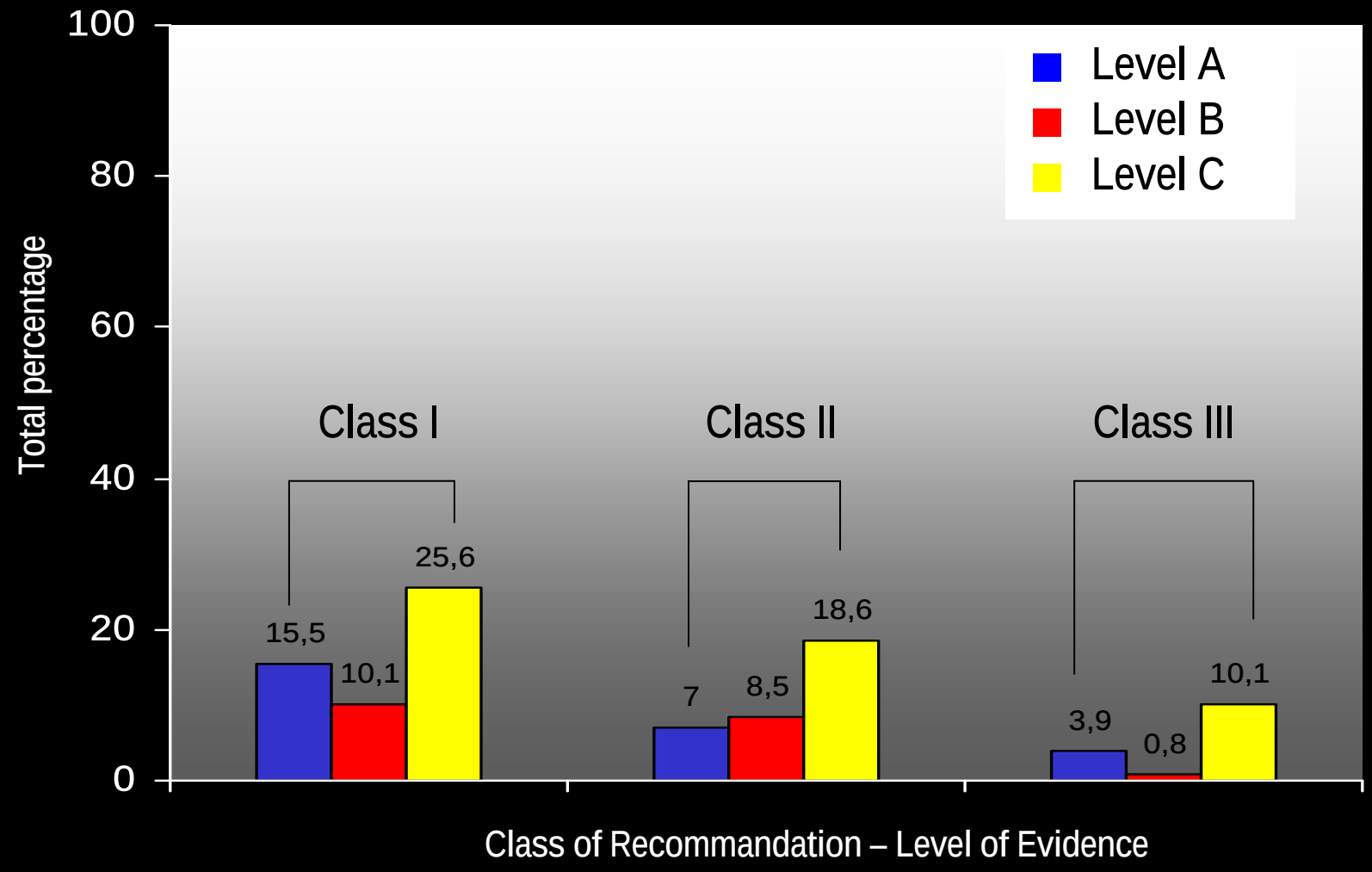

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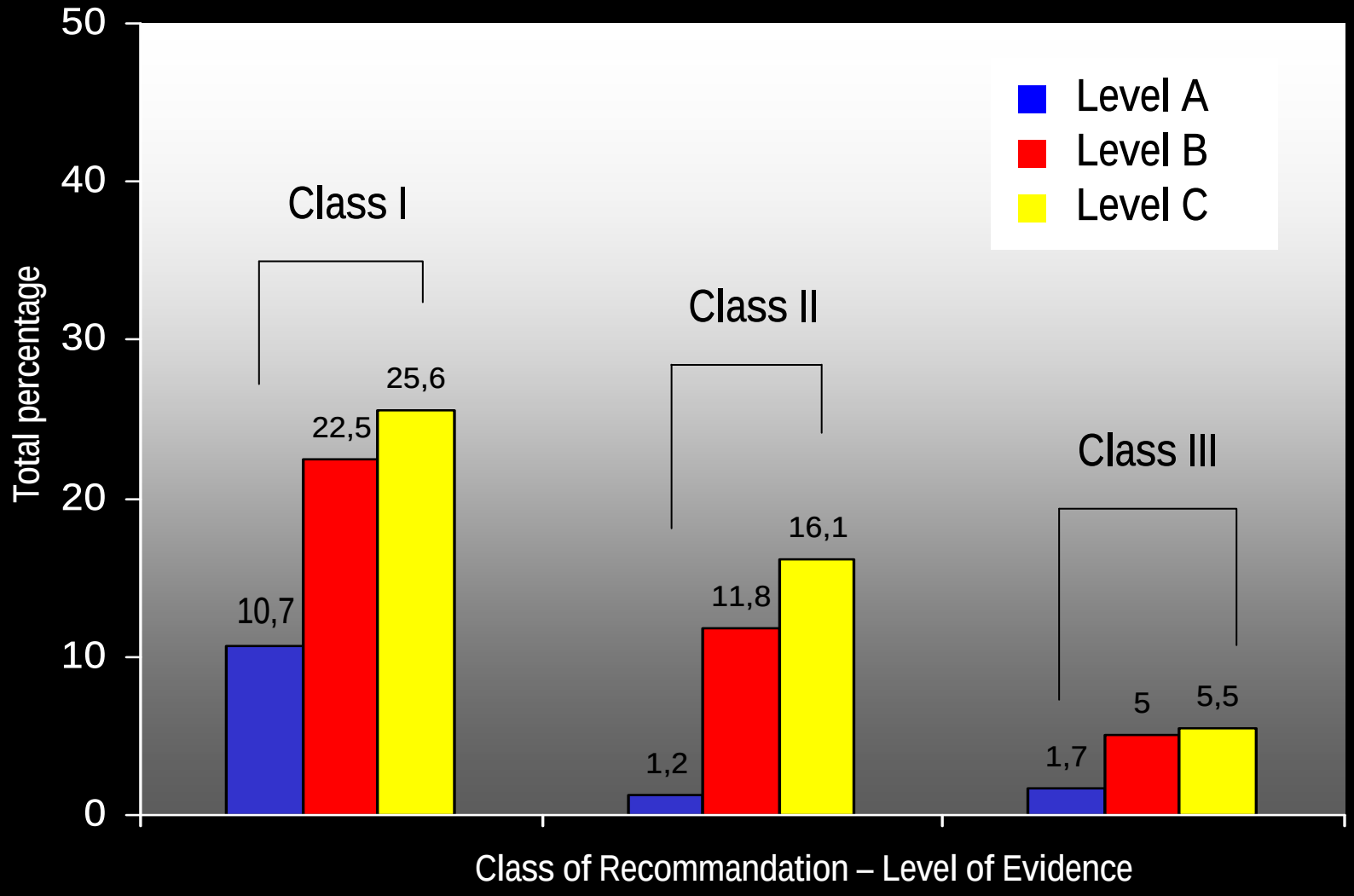
AHA/ACC Guidelines
STEMI



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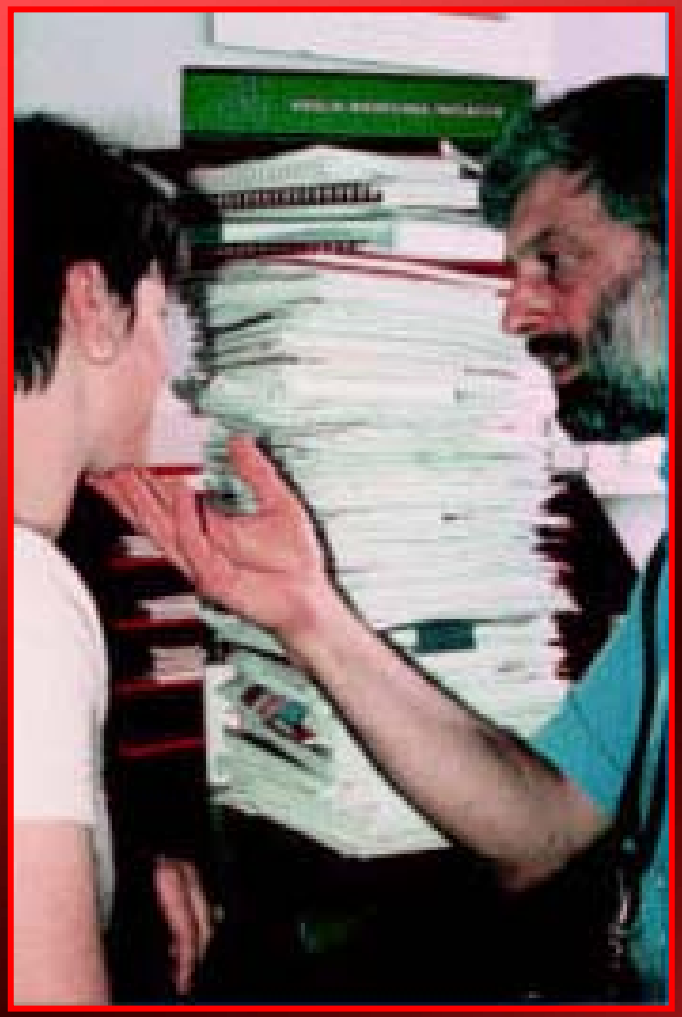
Too many guidelines?

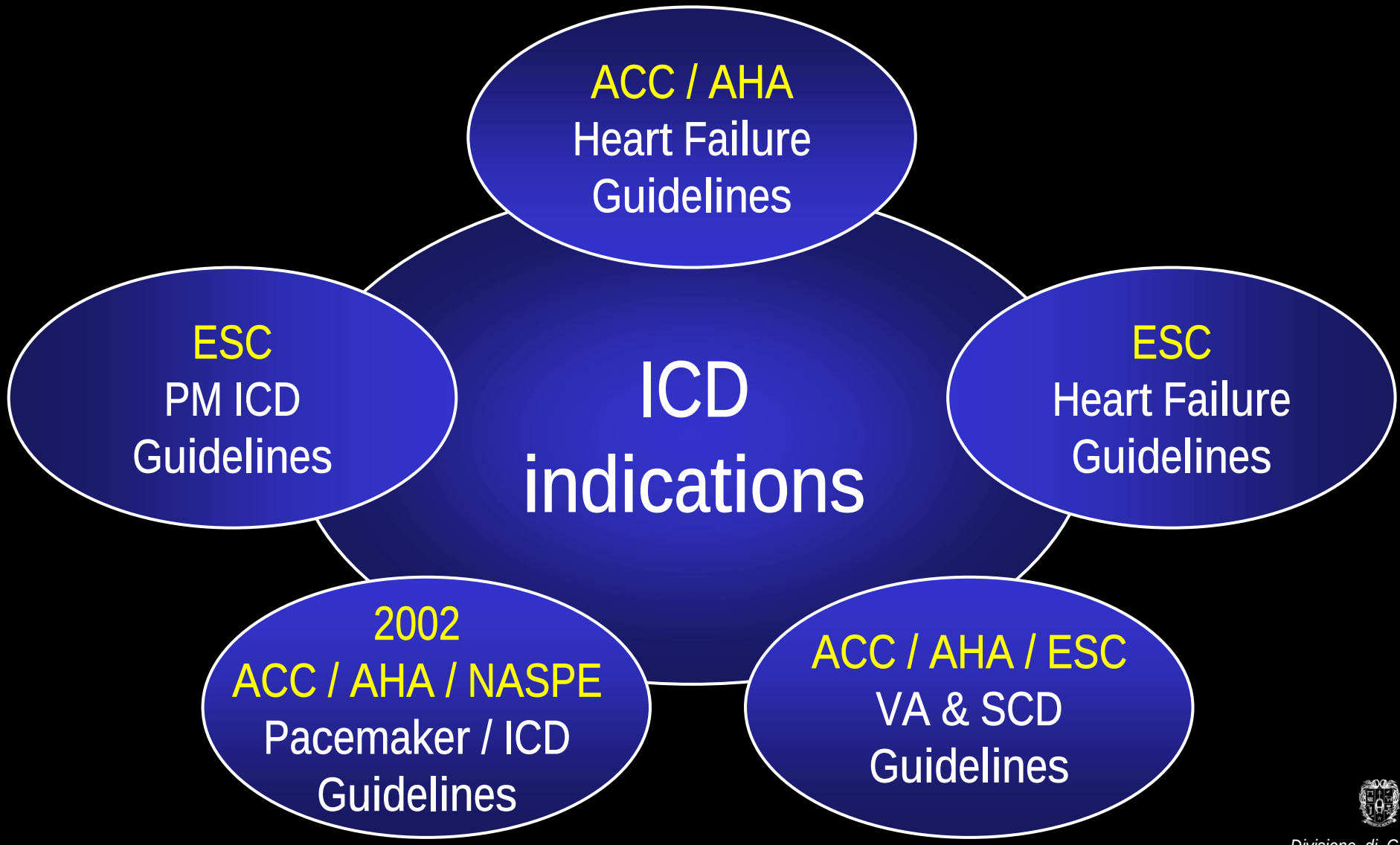


But ...

... too many guidelines may create confusion!

Pile of 855 guidelines in General practices in the Cambridge and Huntingdon Health Autority

So Many Overlapping Guidelines !



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Consistency Among Different Guidelines

- Several organizations are involved in the production of Guidelines
- Despite they are based on “evidence” from trials, a substantial discrepancy may be present in different documents
- Inconsistency creates a major challenge for implementation

Challenging the Guidelines

- Why should we follow the guidelines?
- Who should they target ?
- Who should produce them?
- When should they be updated?
- How should they be implemented?

Why *Do We Need Guidelines?*

'FRIGHTENING' GAPS IN ADHERENCE

Acute MI Mortality Is 40% Lower In Hospitals That Follow Guidelines

CHICAGO — Acute MI mortality is far lower in hospitals that excel at following treatment guidelines, Dr. Eric D. Peterson reported at the annual scientific sessions of the American Heart Association.

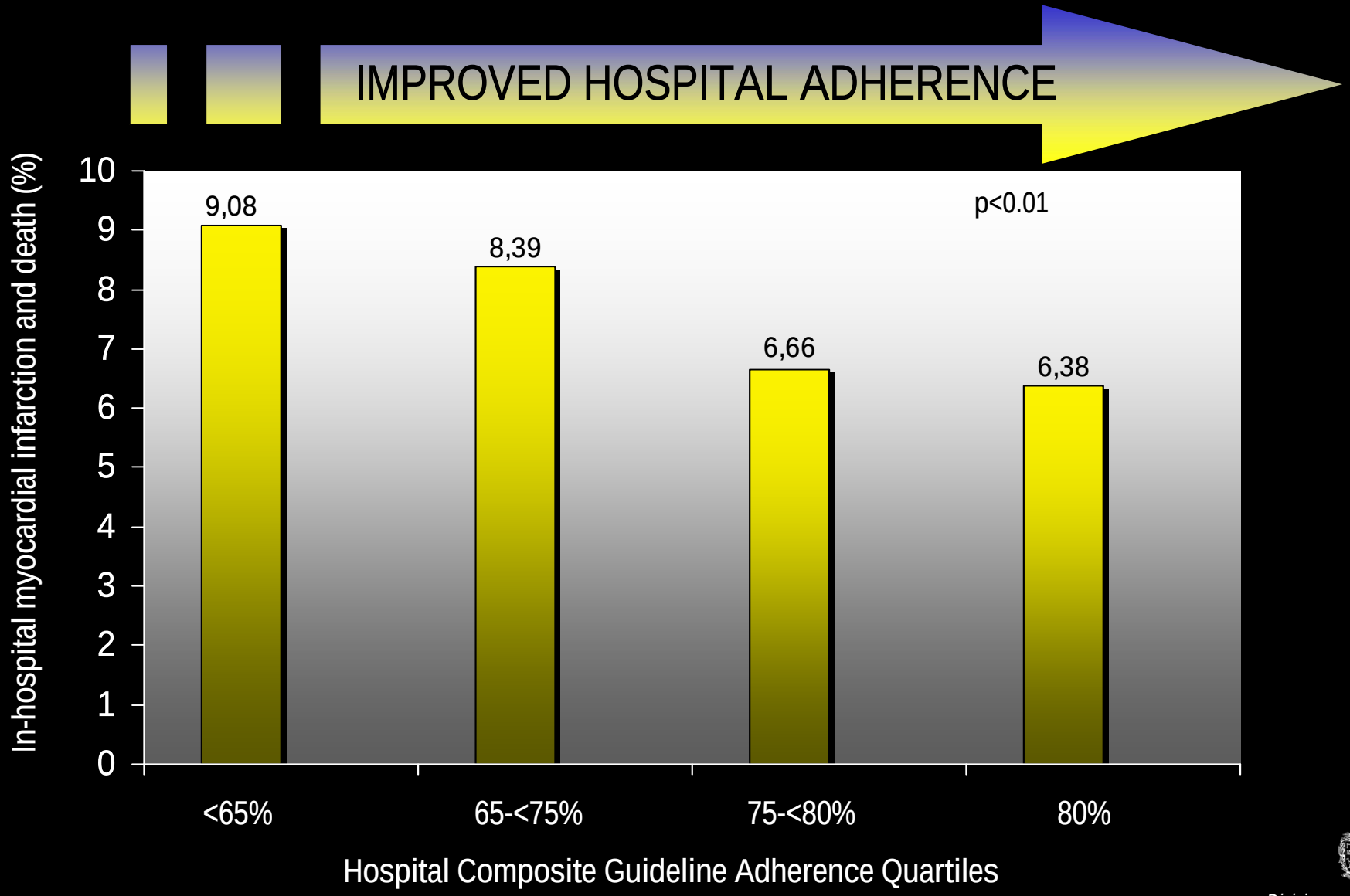
Researchers used National Registry of Myocardial Infarction data to analyze over 257,000 acute MIs at more than 1,200 U.S. hospitals from June 2000 to June 2002. They correlated outcomes with hospital adherence to quality of care indicators.

When the hospitals were grouped in quartiles based upon adherence to 15 presence of an on-site interventional cardiology facility, investigators determined that for every 10% higher a hospital's level of adherence to the AHA/ACC guidelines, the chances of an MI patient dying during hospitalization declined by about 12%.

"The most frightening thing was the variation in quality," noted Dr. Peterson, director of cardiovascular outcomes and quality at the Duke Clinical Research Institute. For example, 82% of MI patients in hospitals in the top quartile received a β-blocker with-

In-hospital outcomes and Guideline Adherence

CRUSADE registry



Peterson D. E., et al, JAMA 2006; 295: 1912-1920

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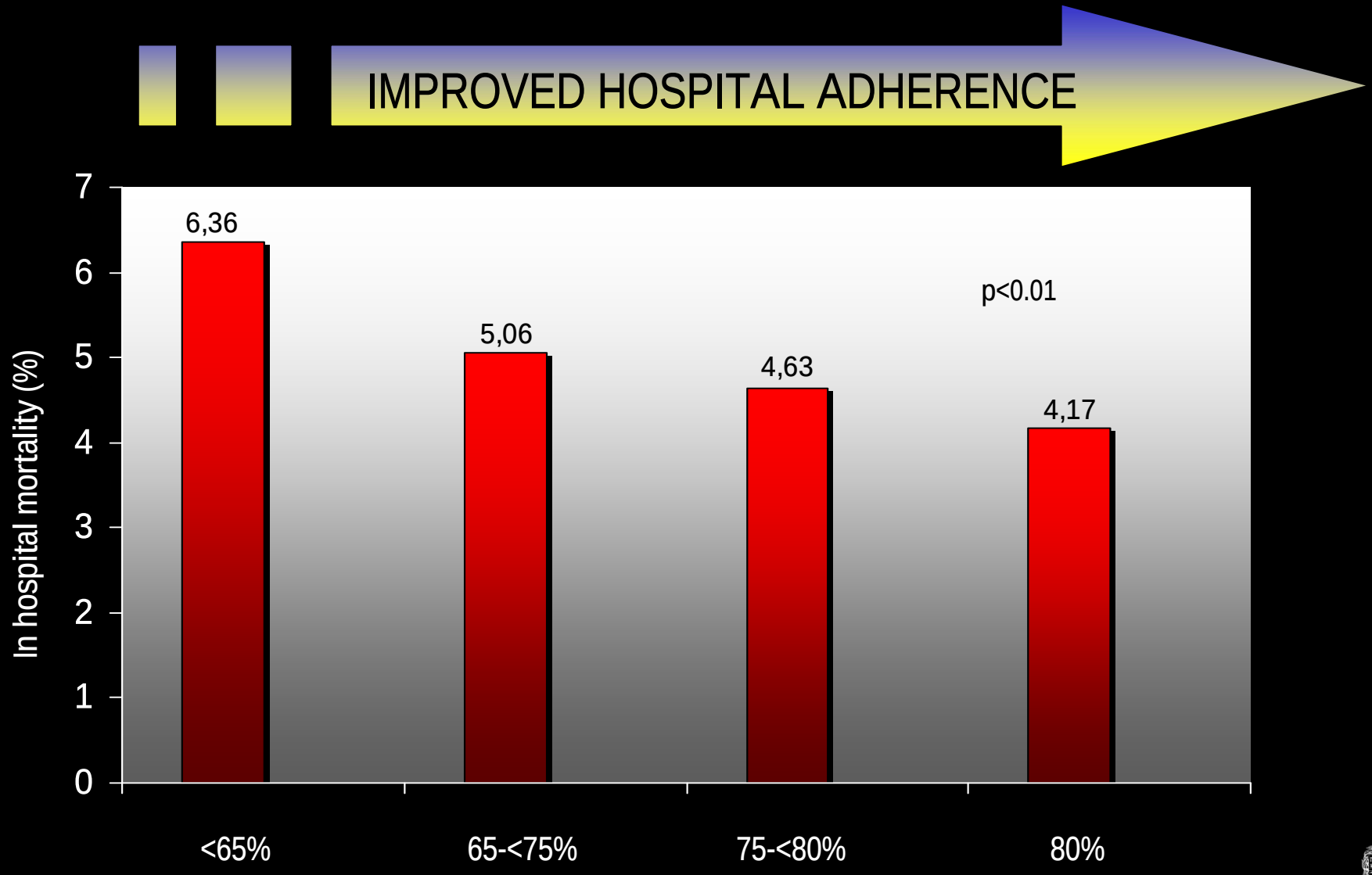
In-hospital mortality and Guideline Adherence

CRUSADE registry



Peterson D. E., et al, JAMA 2006; 295: 1912-1920

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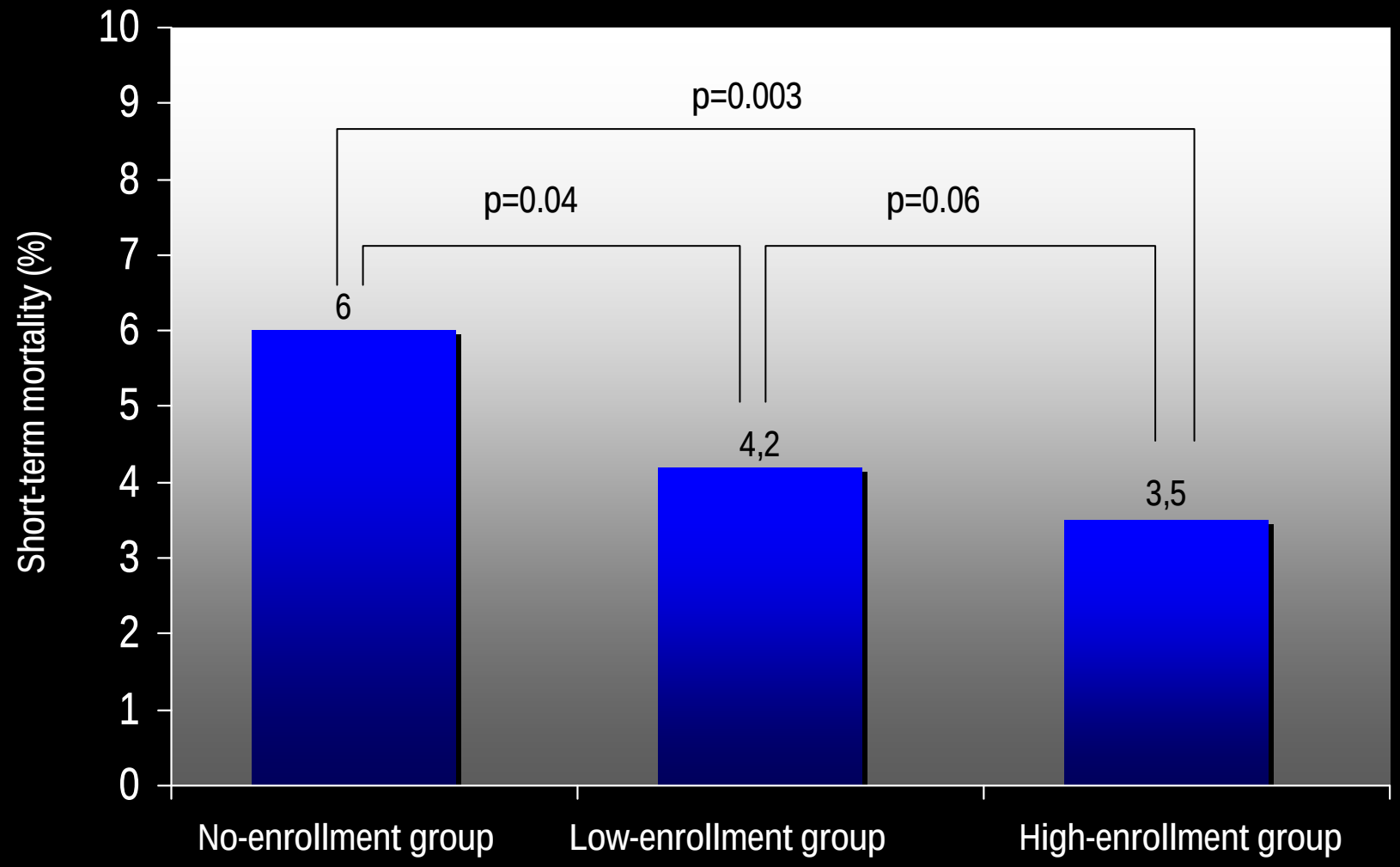
Short-term mortality in NSTE-ACS according to clinical trial partecipation

The CRUSADE registry



Majumdar SR et al, Arc Intern Med 2008; 168: 657-62

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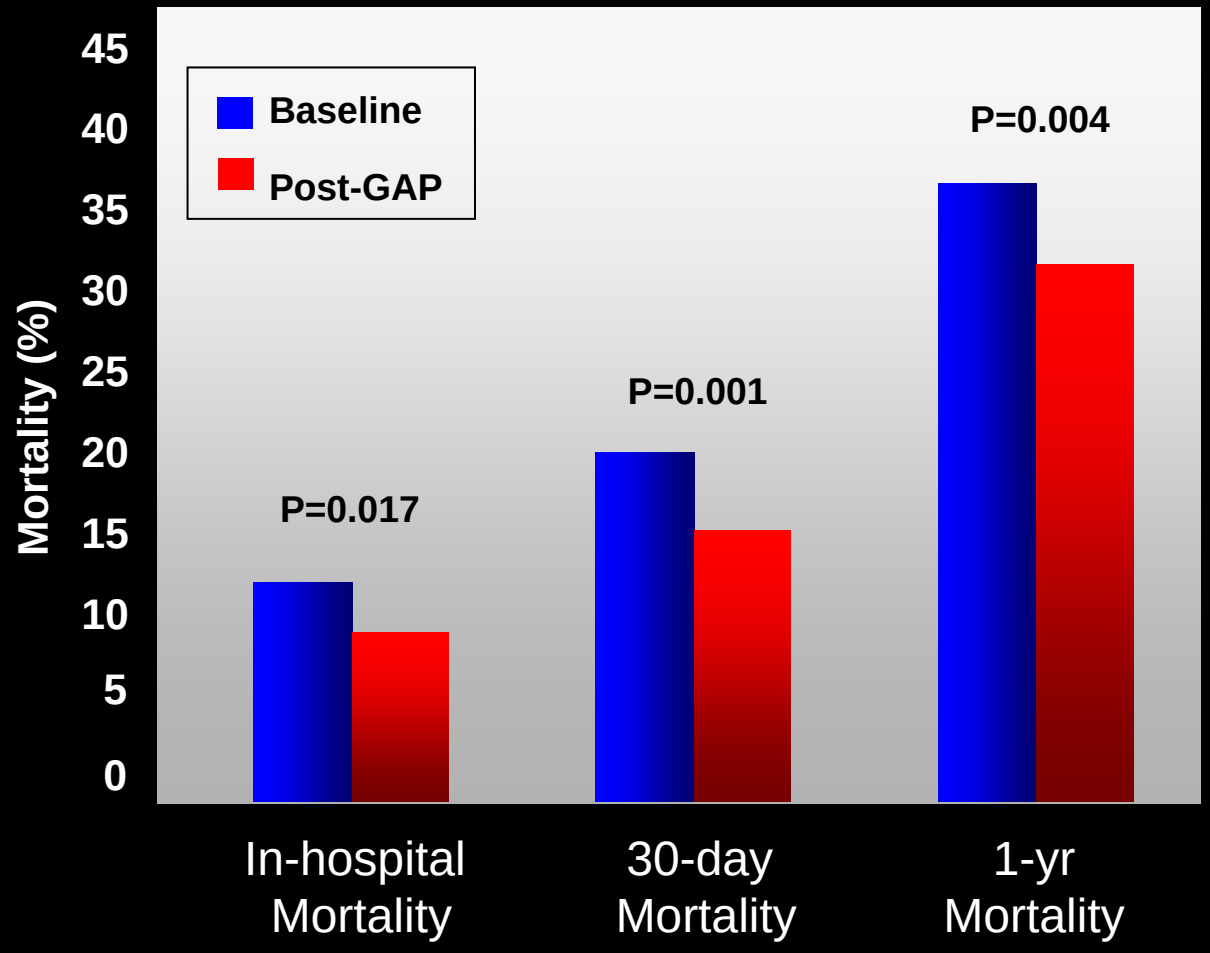
Mortality After Acute myocardial infarction

The GAP (guidelines applied in pratice) project



Eagle KA et al. JACC 2005;46:1242-1248

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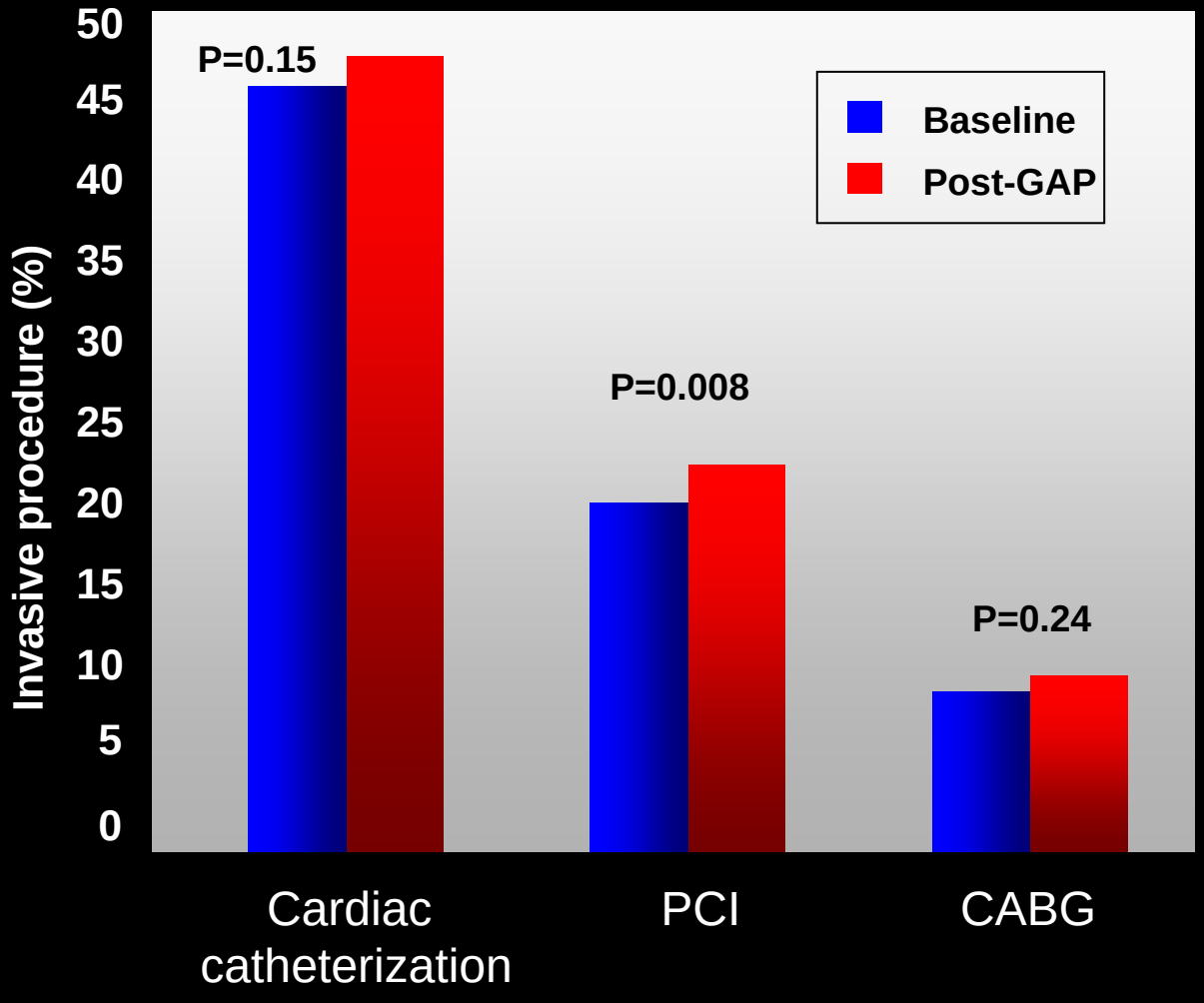
Invasive procedure in acute myocardial infarction

The GAP (guidelines applied in pratice) project



Eagle KA et al. JACC 2005;46:1242-1248

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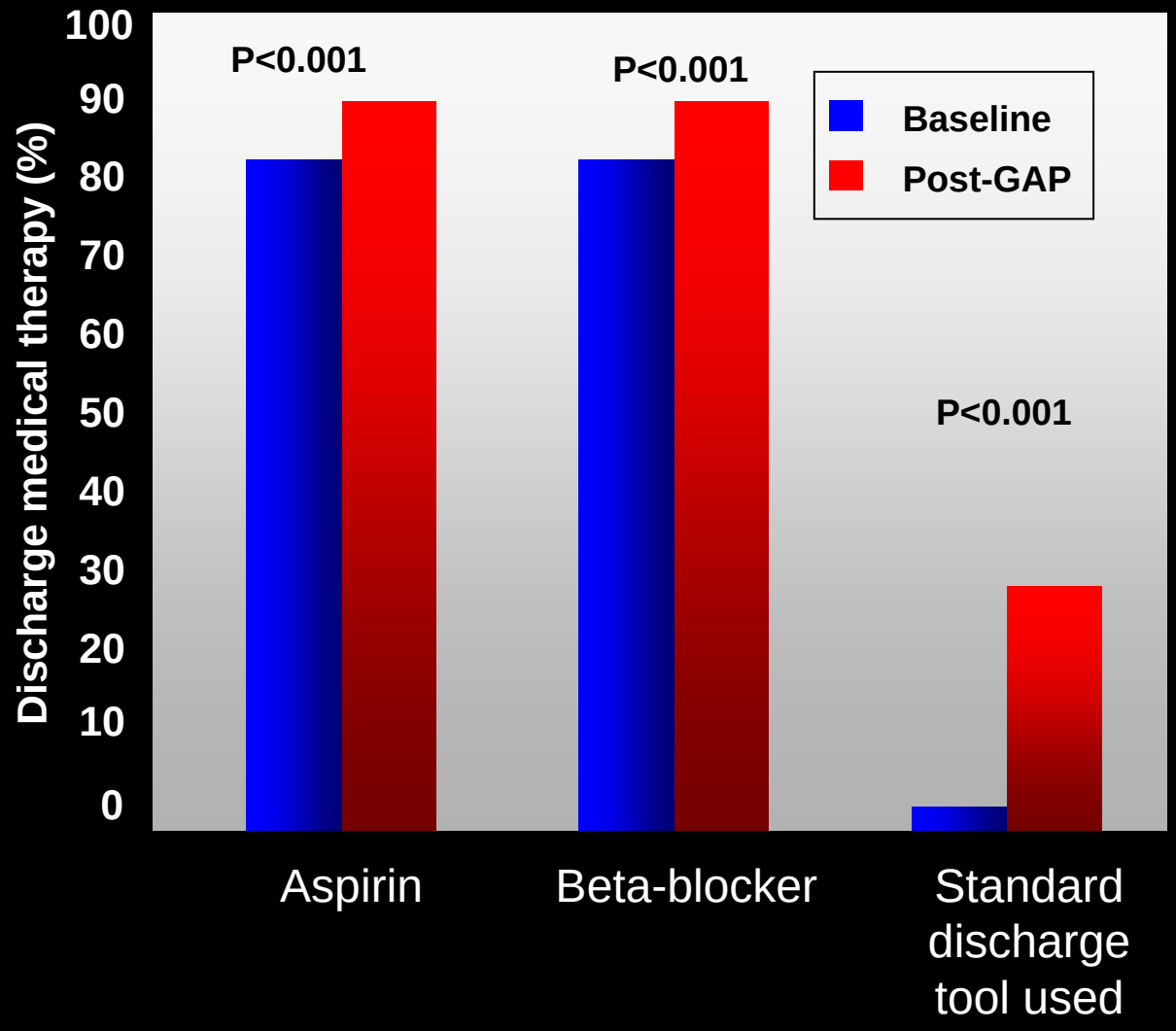
Discharge medical therapy in acute myocardial infarction

The GAP (guidelines applied in pratice) project



Eagle KA et al. JACC 2005;46:1242-1248

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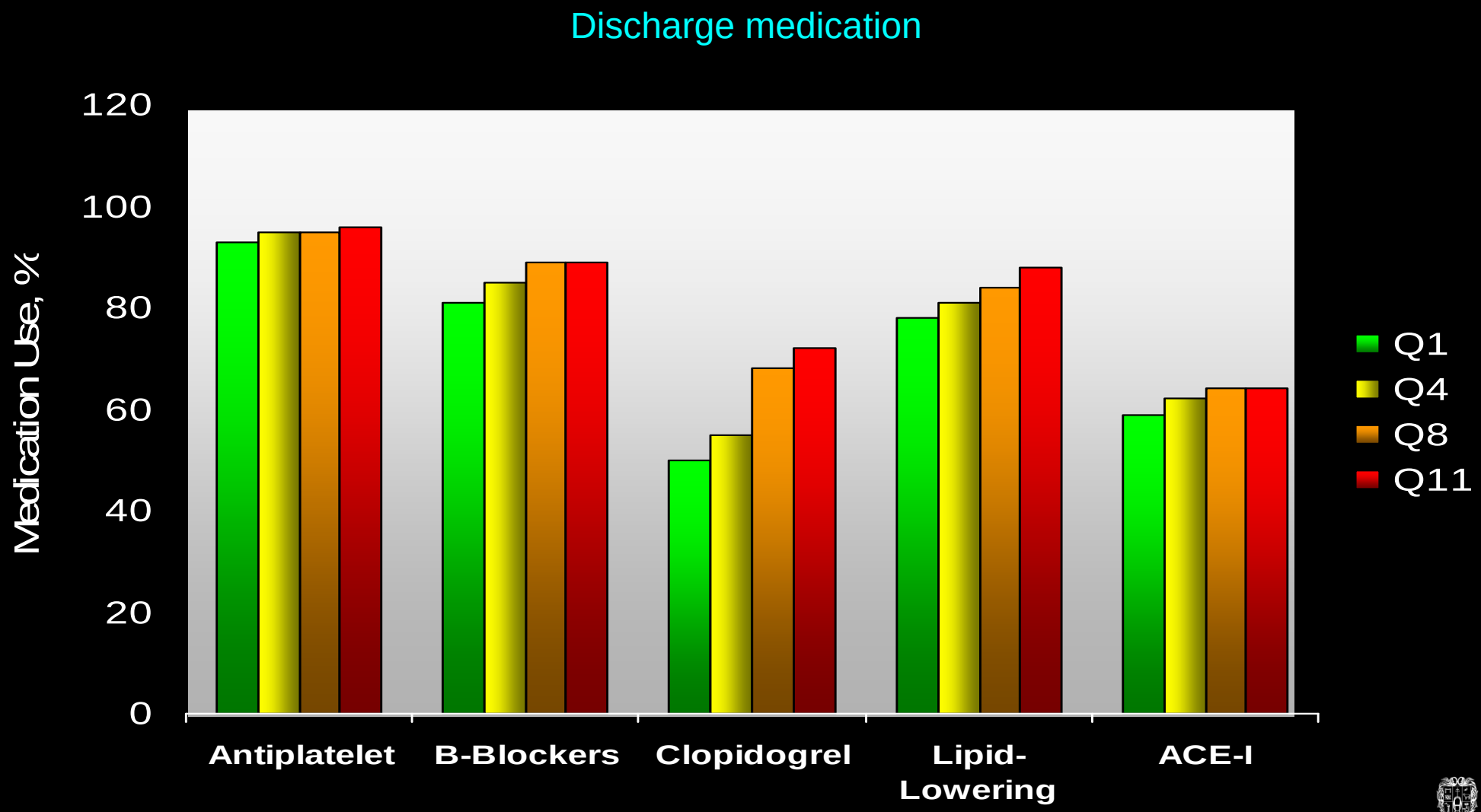
Trends in guideline adherence in NSTE-ACS

CRUSADE registry



Mehta RH et al. Arch Intern Med 2006;166:2027-2034

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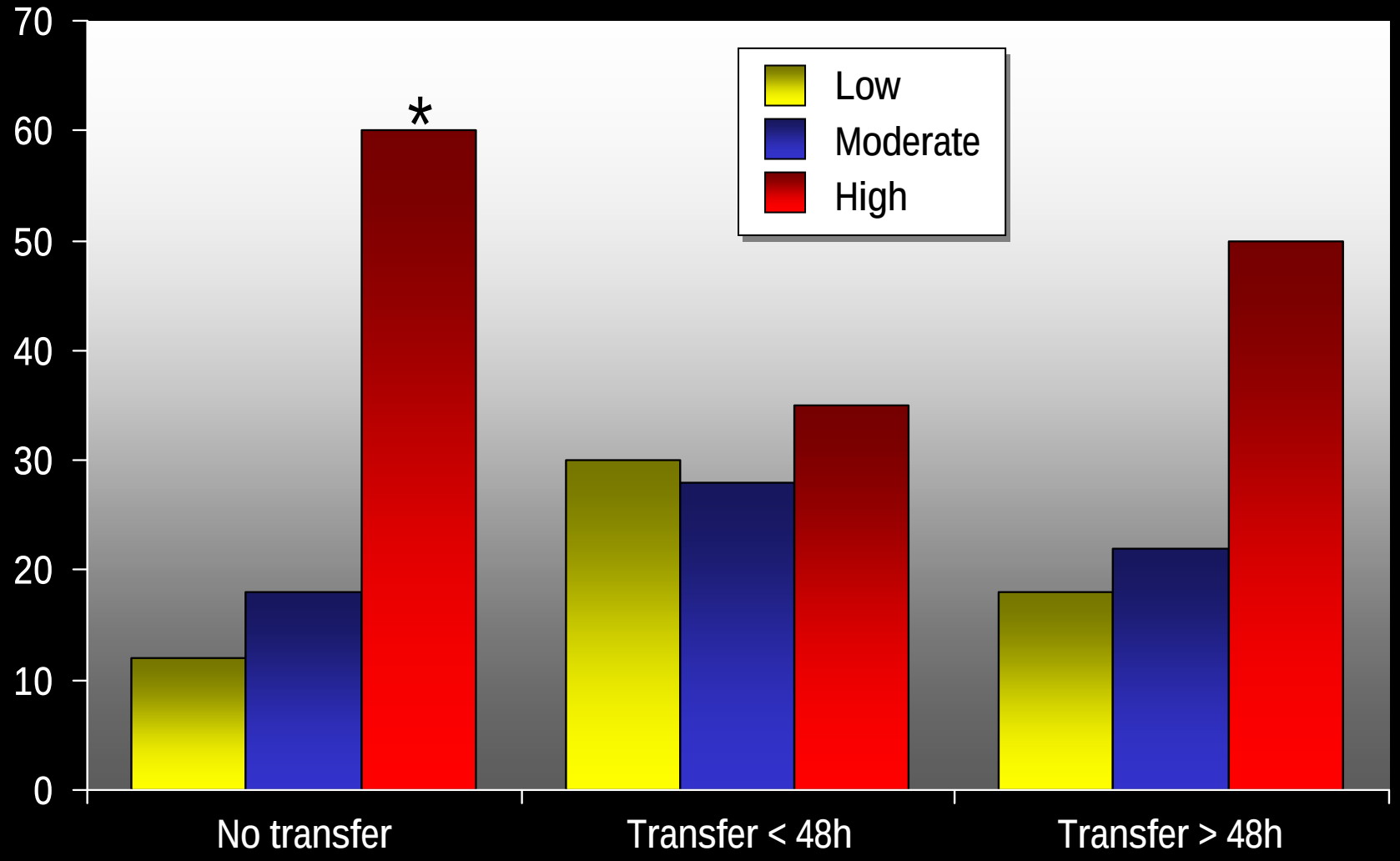
Transfer to Tertiary Hospital

11.645 high-risk ACS stratified by PURSUIT risk scores



Roe M, ACC'04 Scientific Sessions – data from CRUSADE

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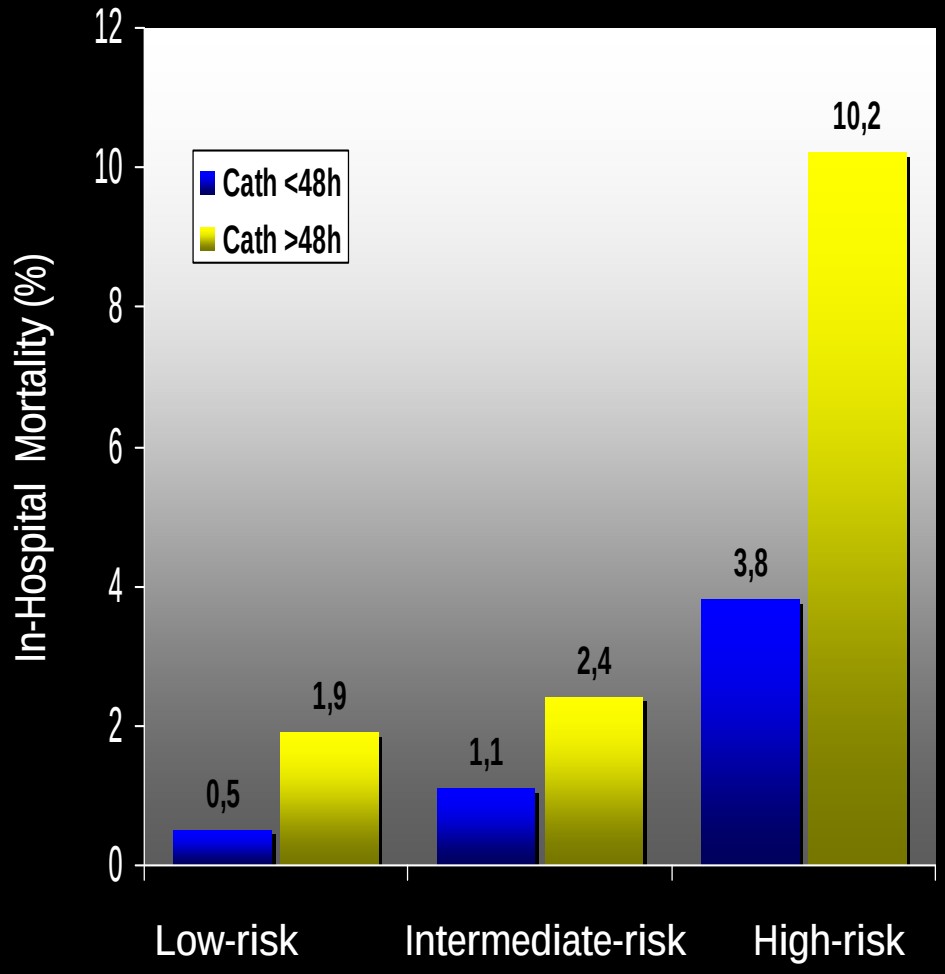
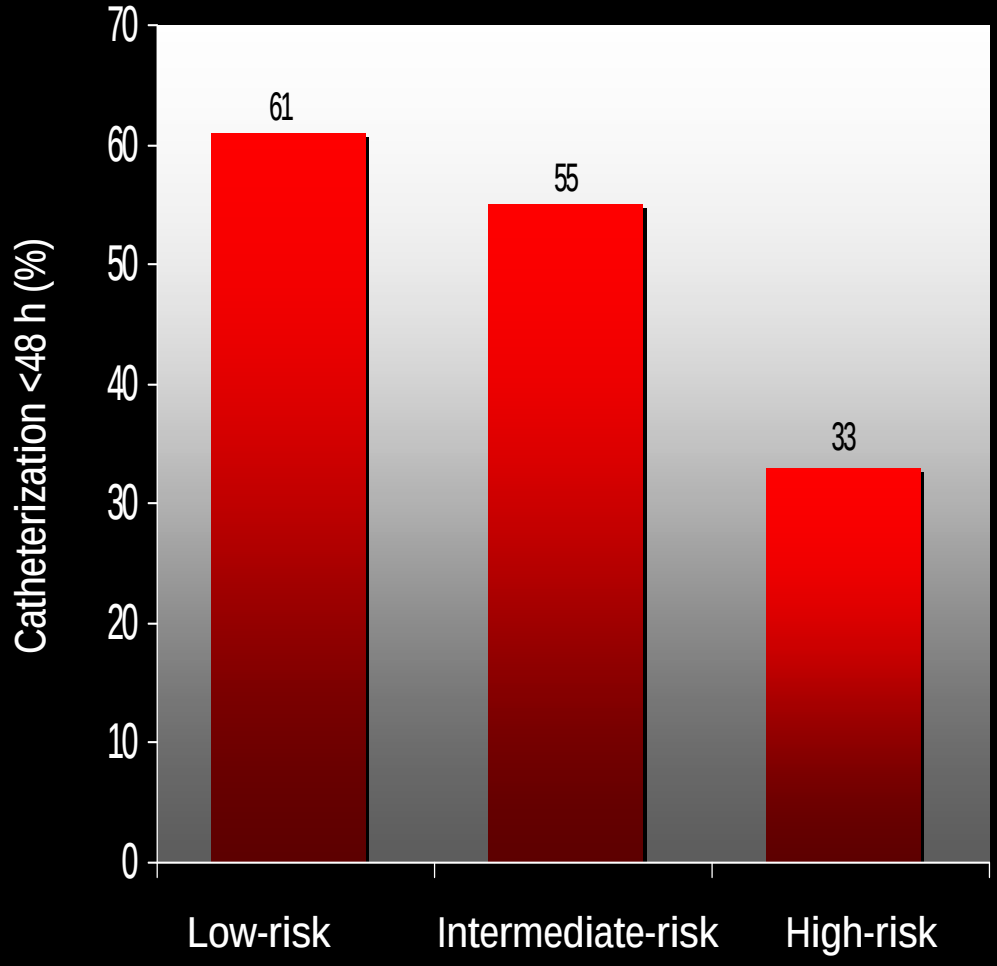
Outcomes and invasive procedures according to risk status in NSTE-ACS

The CRUSADE registry





Data from CRUSADE registry

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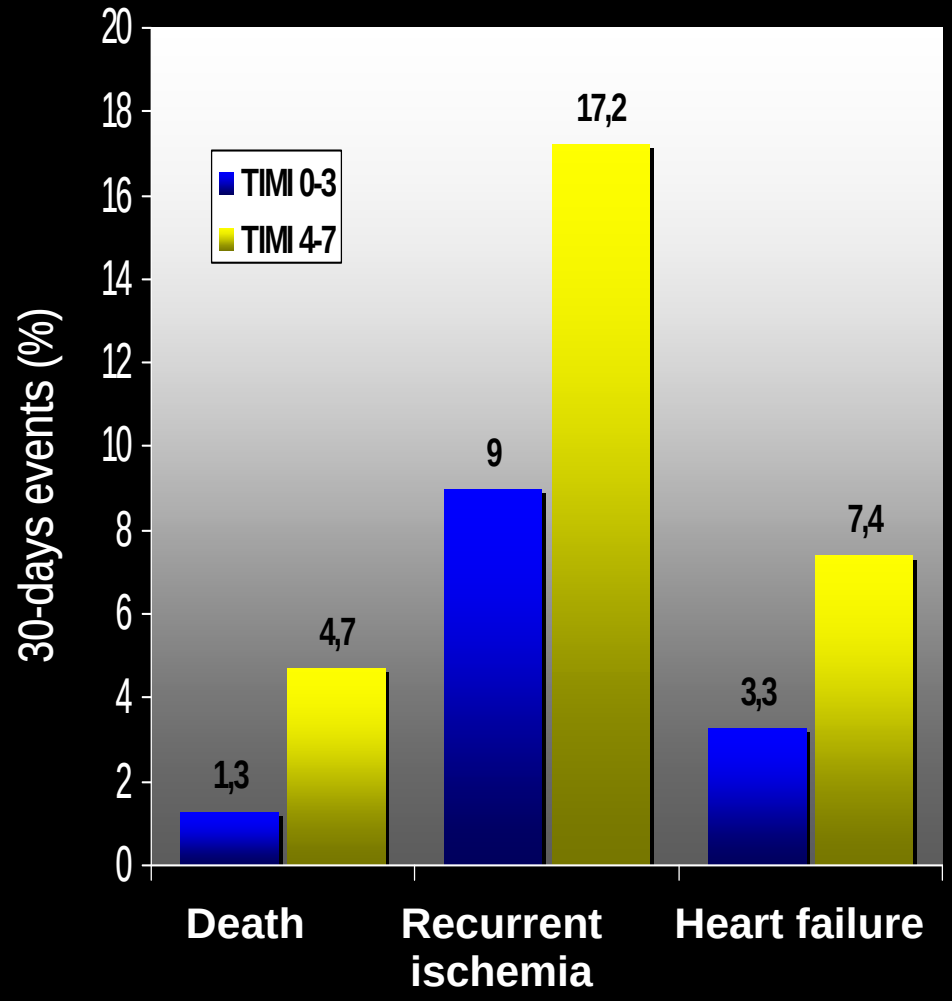
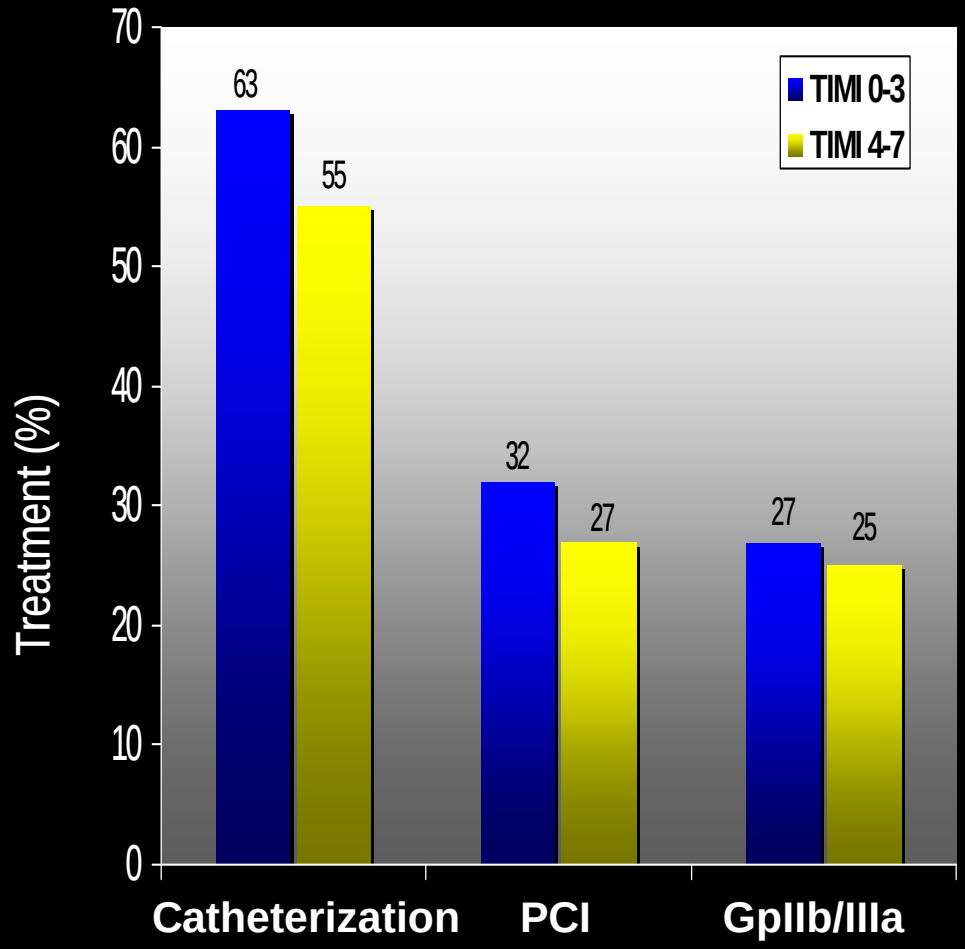
Outcomes and invasive procedures according to risk status in NSTE-ACS

The BLITZ 2 registry





Di Chiara A et al, Eur Heart J 2006;27(4):393-405

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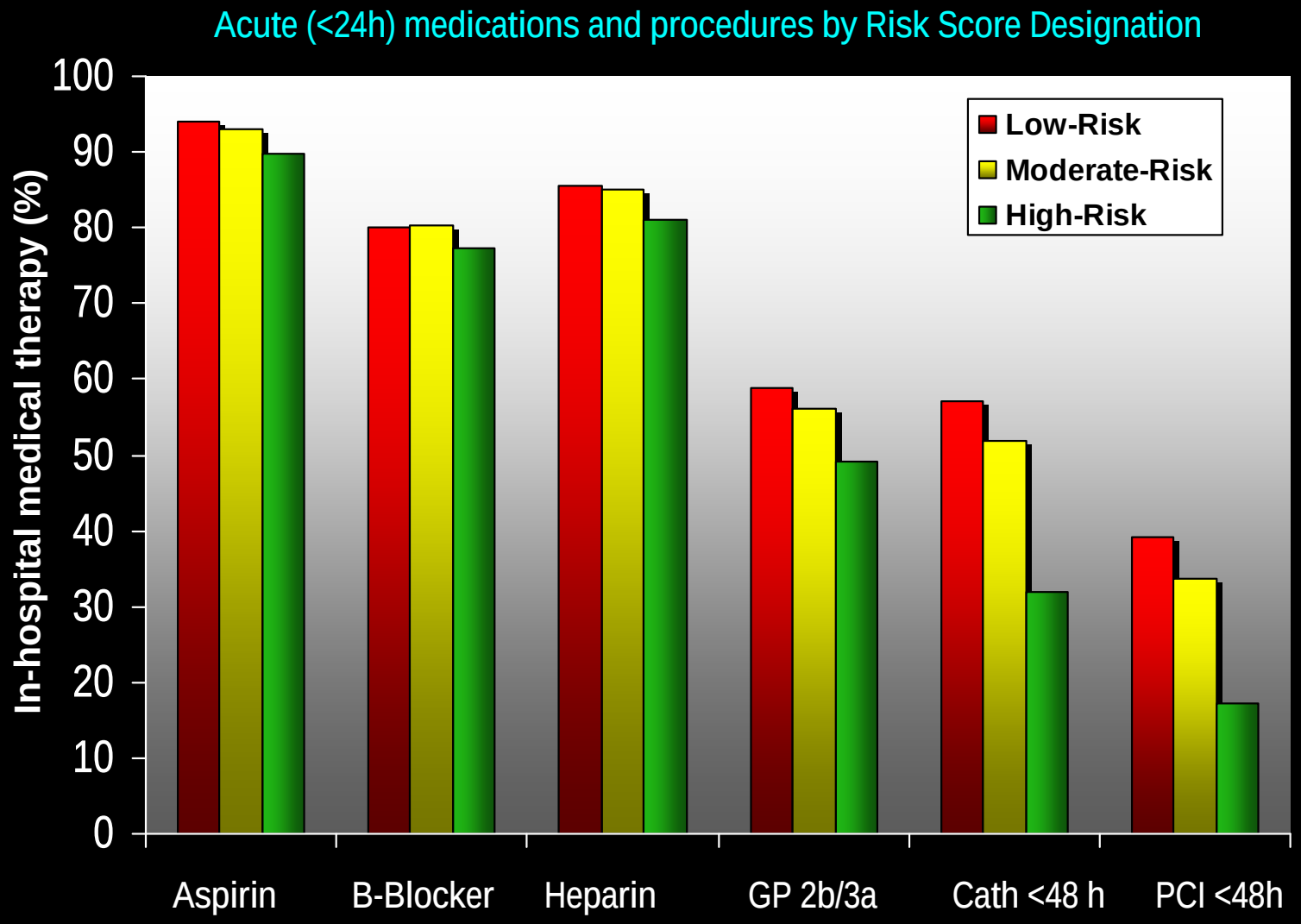
Influence of risk status on guideline adherence in NSTE-ACS



Roe Mt et al, Am Heart J 2006; 151:1205-13

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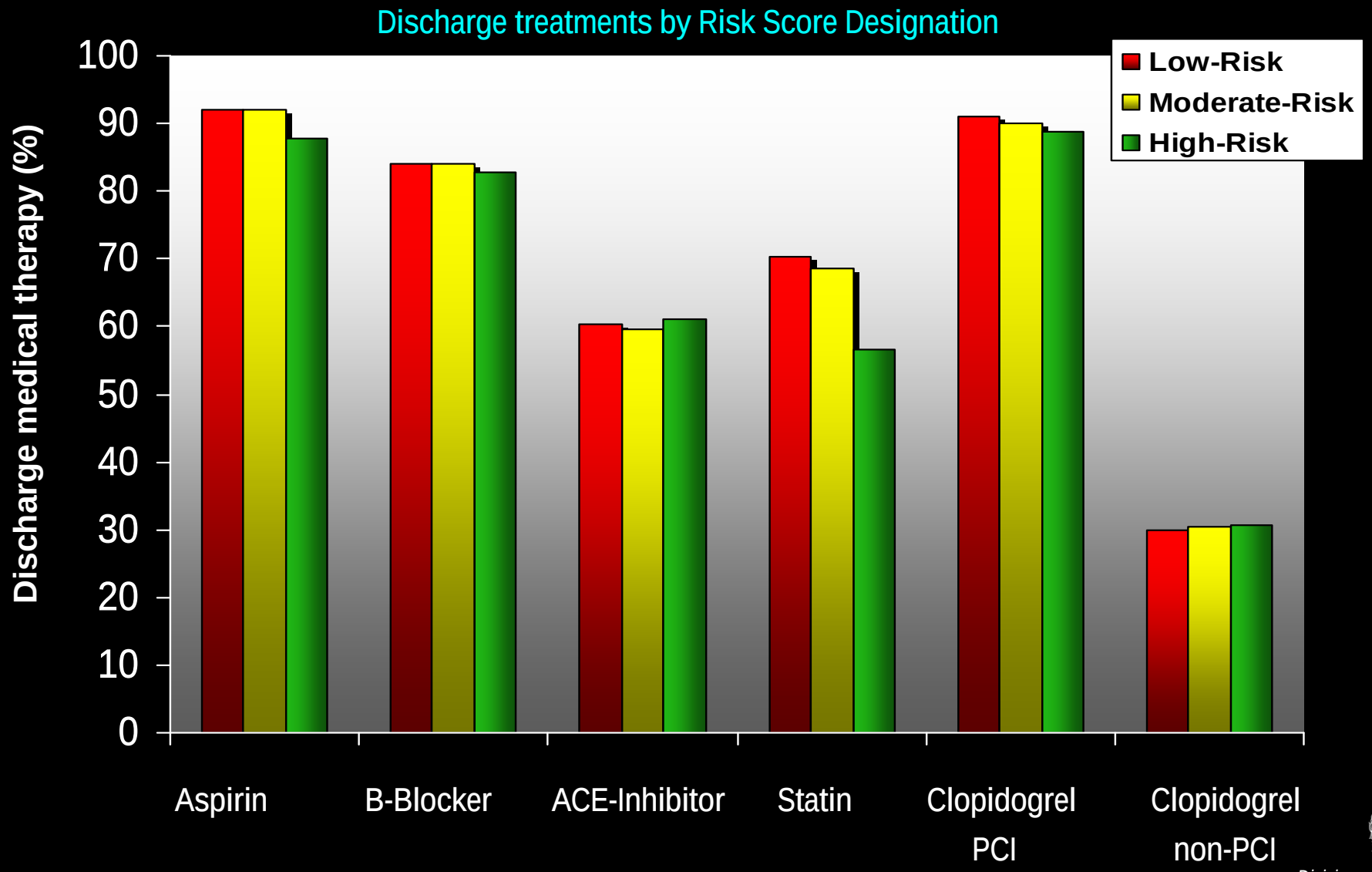

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The Challenge of Implementation

- It is easier to produce a consensus document than to change clinical practice
- The implementation of guidelines is a necessary but complex task that requires substantial dissemination and educational efforts within the profession

EUROPEAN SOCIETY OF CARDIOLOGY GUIDELINES

Non ST Segment Elevation ACS

ANTITHROMBOTIC THERAPY

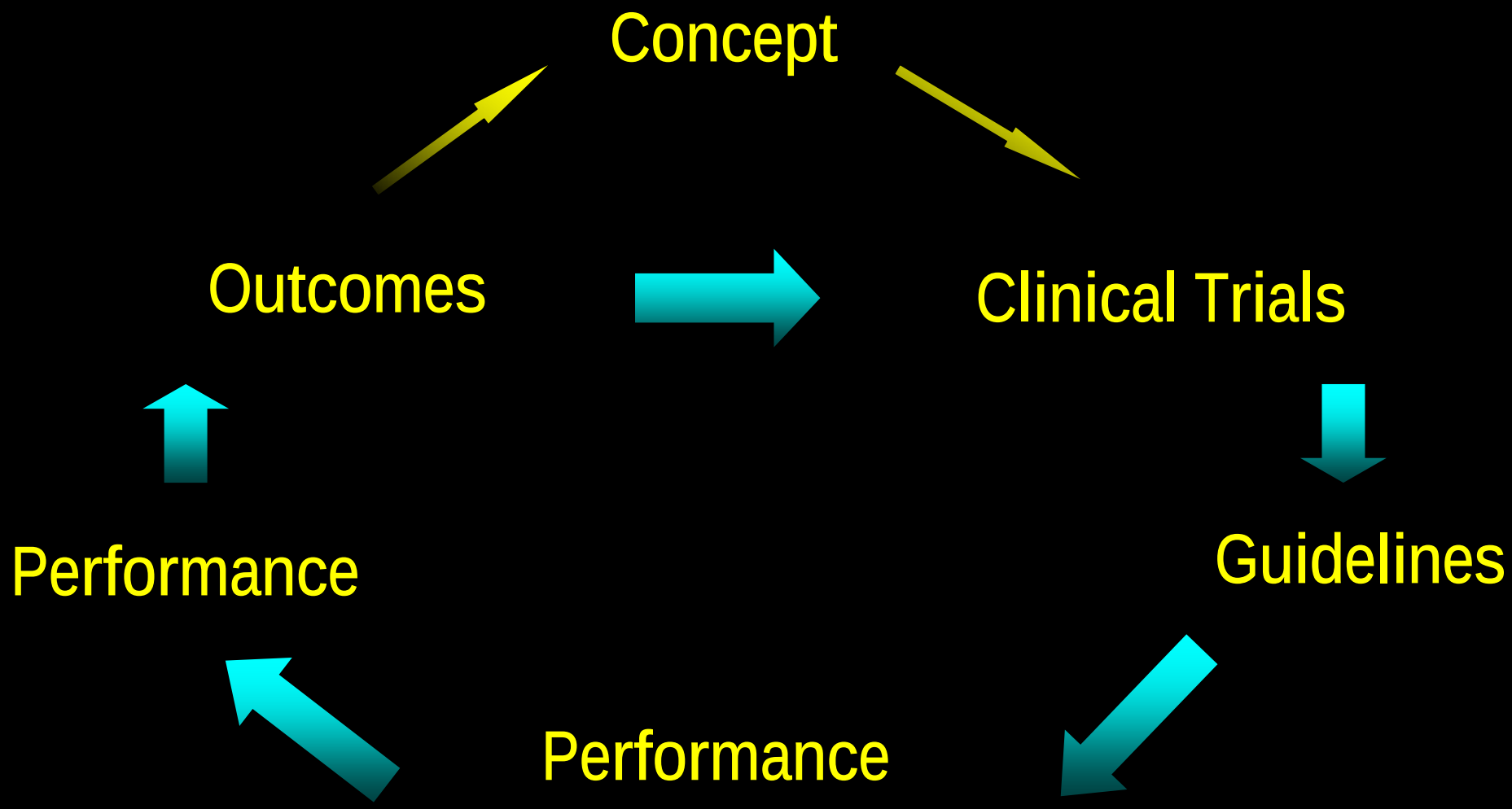
Anticoagulation should be selected according to the risk of both ischaemic and bleeding events.

Several anticoagulants are available, namely UFH, LMWH, fondaparinux, bivalirudin. The choice depends on the initial strategy.

CLASS I

EVIDENCE B

The cycle of continuous quality improvement



Califf RM et al. JACC 2002;40:1895-901

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