

Dyslipidemia and co-risk factors of acute coronary syndrome in Switzerland

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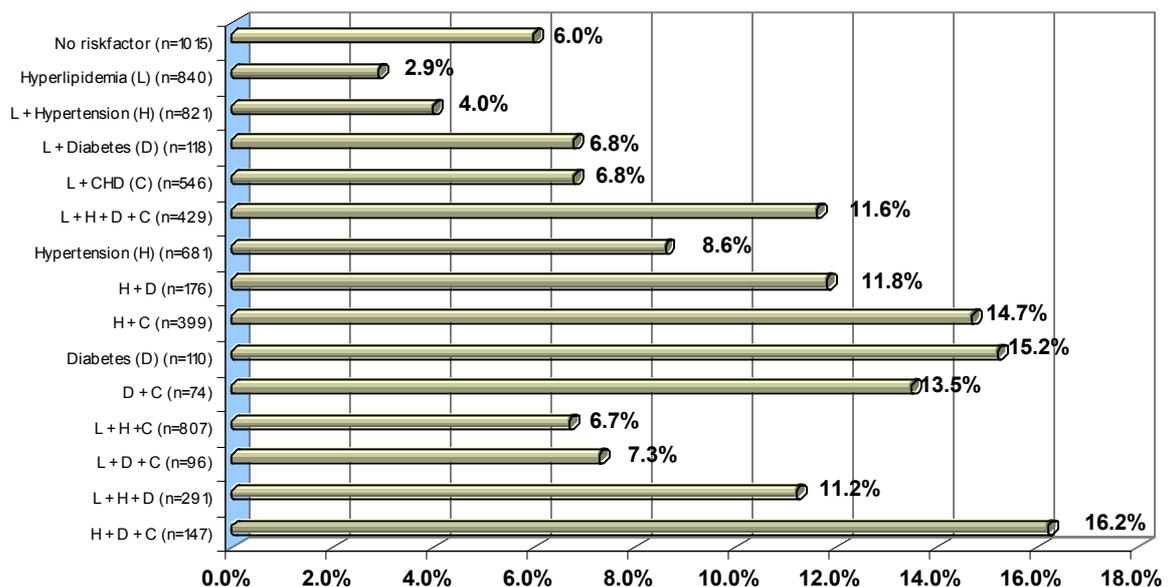
Dyslipidemia is one of the main risk factors with prognostic significance in relation to coronary heart disease. Recommendation of treatment has been adapted in the last years and cholesterol target levels have been downwardly adjusted. We examined the significance of dyslipidemia in acute coronary syndrome and current compliance to the treatment guidelines in Switzerland.

Methods: Using the AMIS Plus Register (Acute Myocardial Infarction and Unstable Angina in Switzerland) we analysed the incidence of hyperlipidemia, the administration of statin within 48 hours after the commencement of chest pain as well as medication at discharge, the co-risk factors and hospital mortality of the patients with acute coronary syndrome.

Results: The AMIS Plus Register (1997-2002) includes 10'619 hospitalized patients with acute coronary syndrome in Switzerland. During the last six years diagnosed and/or treated hyperlipidemia rose constantly as a coronary risk factor. In 1997, 41% of women and 48% of men had hyperlipidemia at hospital admission and in 2002 it was 51% resp. 58% ($p < 0.001$; $p < 0.0001$). The administration of statin prior admission has doubled (1997: 9%; 2002: 18%) ($p < 0.001$), but still remains inadequate. On the other hand, the prescription of statin as medication at discharge during this time has continually improved approaching international standards. In 1997, 40% of patients received a secondary prophylactic containing a statin at discharge, in 2002 it was already 84% of patients. However, statin was rarely prescribed to elderly patients (>60-70J. 68%; >70J. 47%) ($p < 0.001$).

Risk factors and hospital mortality in acute coronary syndrome in Switzerland ($n = 6862$) are shown in Figure 1.

**In-hospital mortality and risk factors
AMIS Plus 1997 - 2002**



Conclusion: Hypertension and hyperlipidemia are the two dominating coronary risk factors. In practice, secondary prevention with a statin after acute coronary syndrome is well implemented in Switzerland, by elderly patients however with restraint. Primary prevention in acute coronary syndrome is still exceptionally deficient. The most significant factors of hospital mortality proved to be diabetes as an isolated risk factor or in combination with hypertension, while dyslipidemia showed no dominant significance for mortality for the short phase of hospitalization.