

From Guidelines to Practice: Are Registries Useful in Assessing the Treatment of Acute Myocardial Infarction?

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Background: Health care partners are confronted with a duty to deliver optimal care, in an environment with increasing cost constraints and a growing impact of evidence based medicine. The AMIS-Plus registry (Acute Myocardial Infarction in Switzerland) offers the unique opportunity to study trends in treatment over the years.

Methods: From January 1997 to December 2003, The AMIS-Plus database included 14'023 patients with an Acute Coronary Syndrome over Switzerland. We sought to assess how well guidelines translated into clinical practice focusing on discharge medications (antithrombotics, statins, beta blockers and ACE inhibitors), and reperfusion strategies (only for STEMI n=8511), after an ACS.

Results: are presented in the table

N=14'023	STEMI/NSTEMI & UA 1997	STEMI/NSTEMI & UA 2003
Aspirin	80.3%/85.7%	93.6%/91%
Oral anticoagulants	24.7% / 13.4%	7.2% / 7.3%
Thienopyridines	2.7%/3.1%	71.6%/63.8%
Statines	40.7%/39.1%	84.1%/78.6%
Betablockers	61.8%/66.3%	82.7%/81.6%
ACE inhibitors	56.4%/44.7%	63.8%/51.7%
N=8511	STEMI 1997	STEMI 2003
No reperfusion	45%	24%
Thrombolysis	47%	22%
PCI primary	8%	54%

Conclusion: In the Swiss hospitals, RCT's and guidelines have profound impact on discharge medication after an ACS. This is apparent for "mature" drug regimens (i.e. moderate increase for aspirin and betablockers) but is most marked for successful new treatments (i.e. statins and thienopyridines). The number of pts not given reperfusion therapy is decreasing and PCI is now the most frequently used mode of therapy. These trends can only be assess by registries.