

Guidelines Help Prevent Heart Attack Deaths

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Despite better adherence to guidelines, there is still room for improvement in Sweden and abroad, researchers said -- which should be accompanied by still better outcomes for patients.

In the current study, Dr. Tomas Jernberg of the Karolinska Institutet in Stockholm and his colleagues consulted a database of over 61,000 patients treated in Sweden between 1996 and 2007 for a certain kind of heart attack that damages a lot of heart muscle.

During that period, Sweden introduced new guidelines outlining the best way to treat patients who had just had a heart attack.

And over those 12 years, treatments that have been proven to help heart attack patients - including drugs to break up blood clots and procedures to open arteries - became more common.

For example, statins were prescribed to 23 percent of heart attack patients in 1996 and 1997, compared to 83 percent in 2006 and 2007. Just 12 percent of patients had an angioplasty after a heart attack at the beginning of the study, compared to 61 percent by the end.

At the same time, fewer patients died after having a heart attack in the study's later years. The chance of dying in the year following a heart attack dropped from 21 percent to 13 percent.

Jernberg and his colleagues calculated that patients who were treated in the mid-2000's lived an average of 2.7 years longer after their heart attack than patients from the mid-1990's.

But not all hospitals have been quick to make standard treatments the norm, Jernberg said.

"There are variations (in) how quickly they adopt new treatments," he told Reuters Health in an email. "These variations are not as large as in previous years, but there is still room for improvement."

Mukherjee said that the story is the same in the United States: positive changes, but not everyone fully on board.

"We've certainly gotten better, (but) we're not at 100 percent. And even now, hospitals differ," Mukherjee told Reuters Health.

He emphasized that patients can help ensure they get the best treatment after a heart attack by educating themselves on different procedures and medications, and by knowing that treatment doesn't end when they leave the hospital.

For example, "We see a lot of problems with patients who stop taking their medication when they start feeling better," Mukherjee said. But those medications need to be taken long-term to prevent future heart problems.

That long-term mentality needs to apply to doctors as well, said Dr. Robert Yeh, a cardiologist at Massachusetts General Hospital in Boston who was not involved in the study.

"Really, the episode of care...goes from when the patient presents with a heart attack and really extends for the years following to make sure they don't develop complications," Yeh told Reuters Health.

Researchers also proposed quicker feedback for doctors and "decision support" - which requires doctors to answer

questions about the treatment they are giving a patient as they give it - to improve adherence to guidelines.

And improvements in treatment need to happen faster, said Dr. Eric Peterson, a cardiologist at the Duke University Medical Center in Durham, North Carolina, who is also an editor at JAMA.

"The bad news is that was a 12-year period of time to do something that we needed to do," Peterson told Reuters Health of the new Swedish findings. "That's way too long. Think about how many patients along the way ... didn't get treated before we got to those high rates of adherence."

Still, Yeh said, the study as a whole represents "a real success story."

Source: bdnews24.com