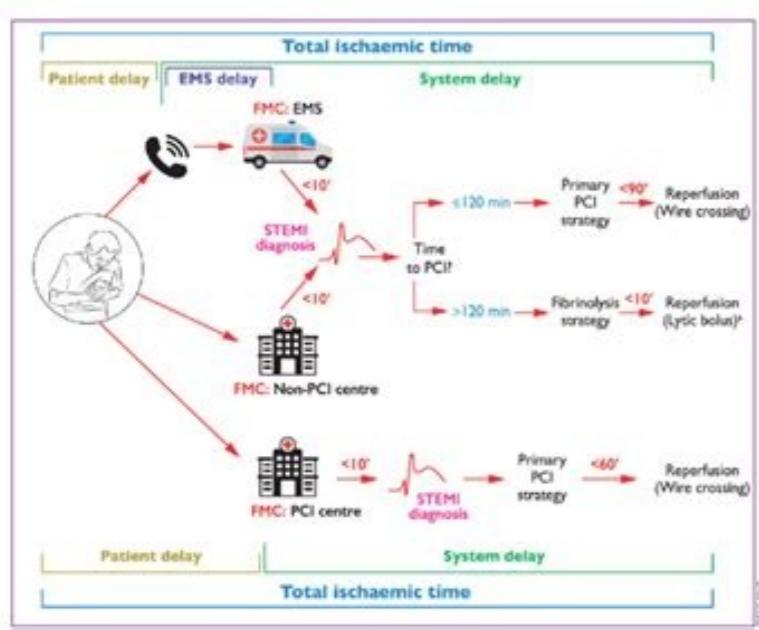


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What is new in 2017 Guidelines on AMI-STEMI (continued)



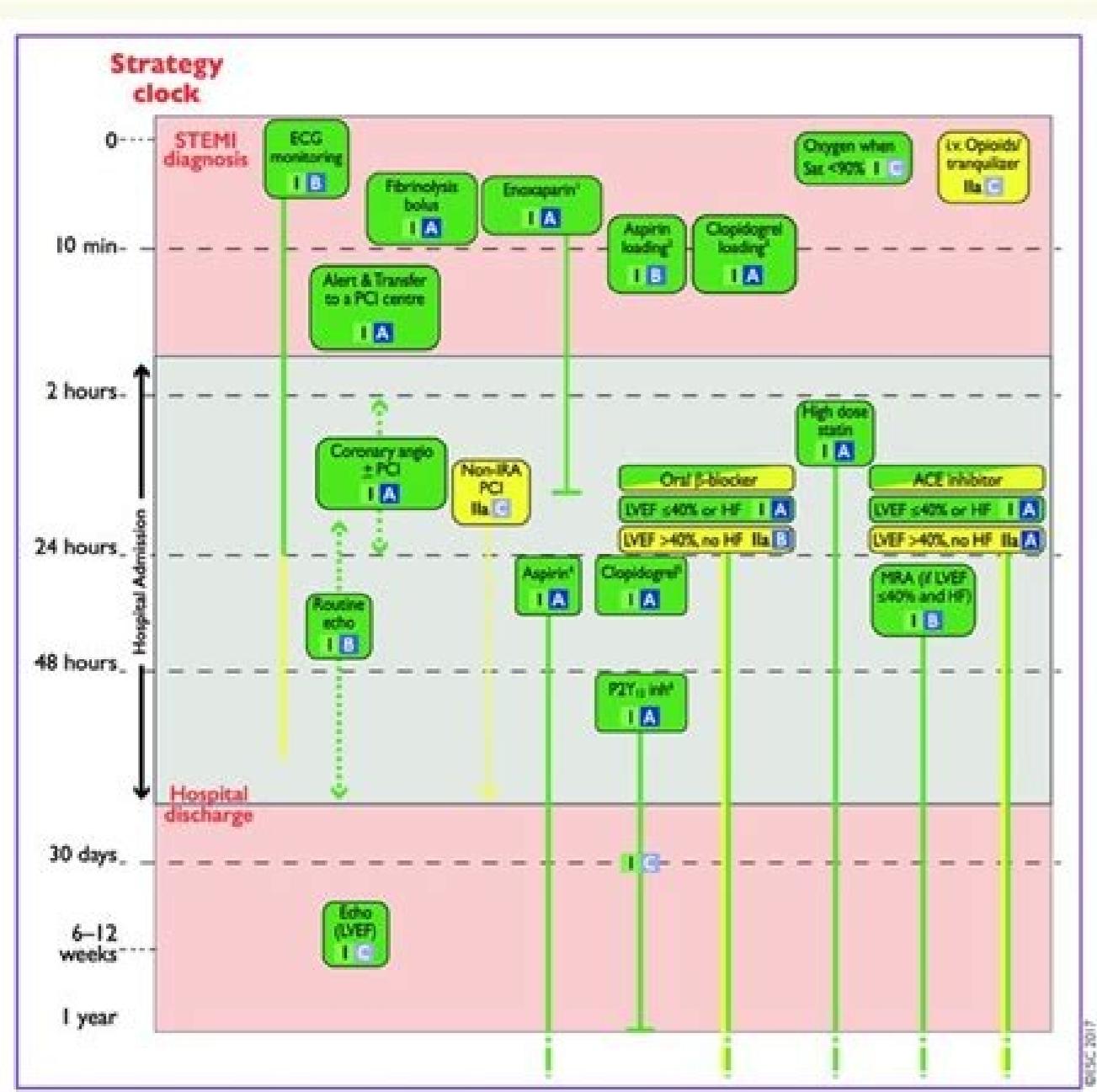
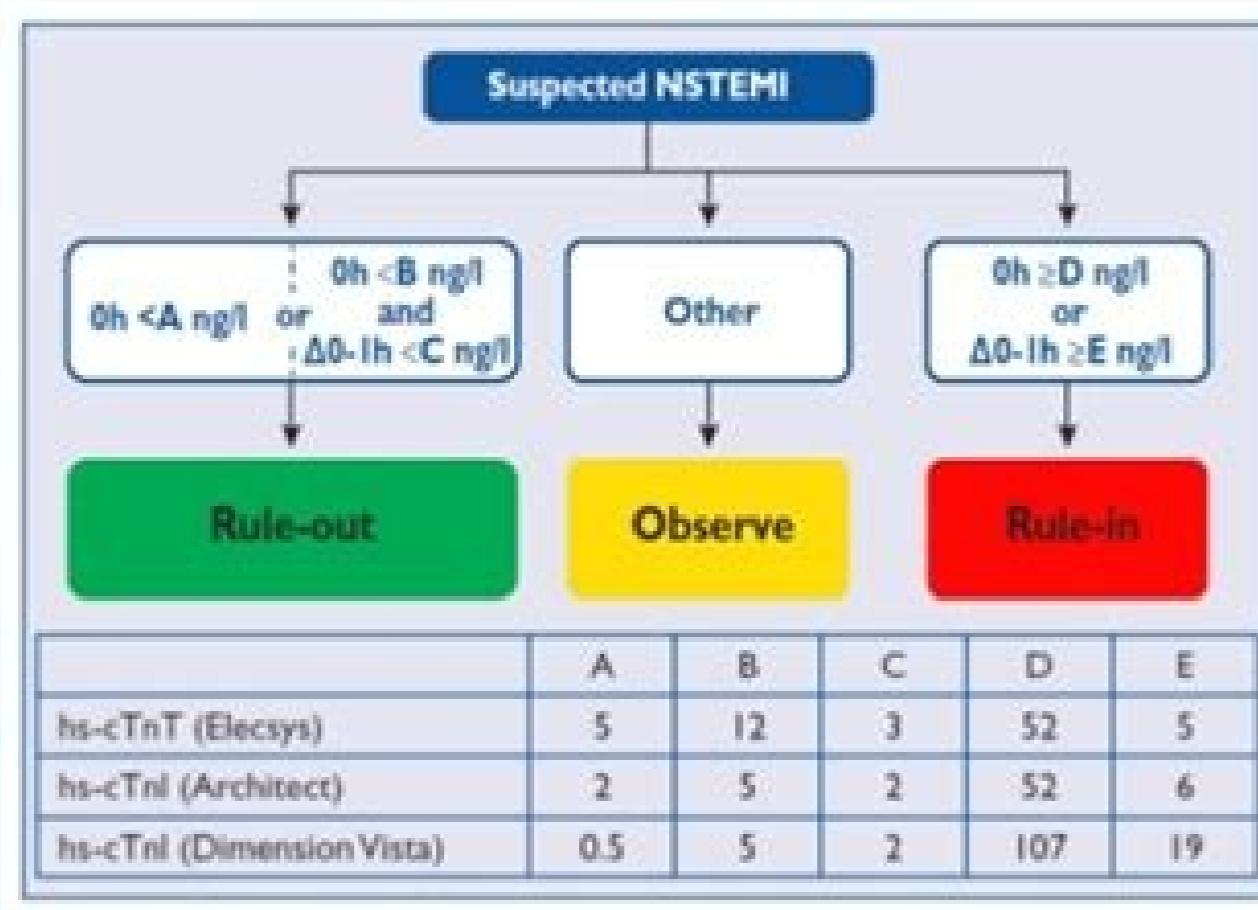
2017 NEW RECOMMENDATIONS

- Additional lipid lowering therapy if LDL >1.8 mmol/L (70 mg/dL) despite on maximum tolerated statins. **IMPROVE-IT, FOURIER**
- Cangrelor if P2Y₁₂ inhibitors have not been given. **CHAMPION**
- Switch to potent P2Y₁₂ inhibitors 48 hours after fibrinolysis. Expert opinion
- Extend Ticagrelor up to 36 months in high-risk patients. **PEGASUS-TIMI 54**
- Use of polypill to increase adherence. **FOCUS**
- Complete revascularization during index primary PCI in STEMI patients in shock. Expert opinion
- Routine use of deferred stenting. **DANAMI 3-DEFER**

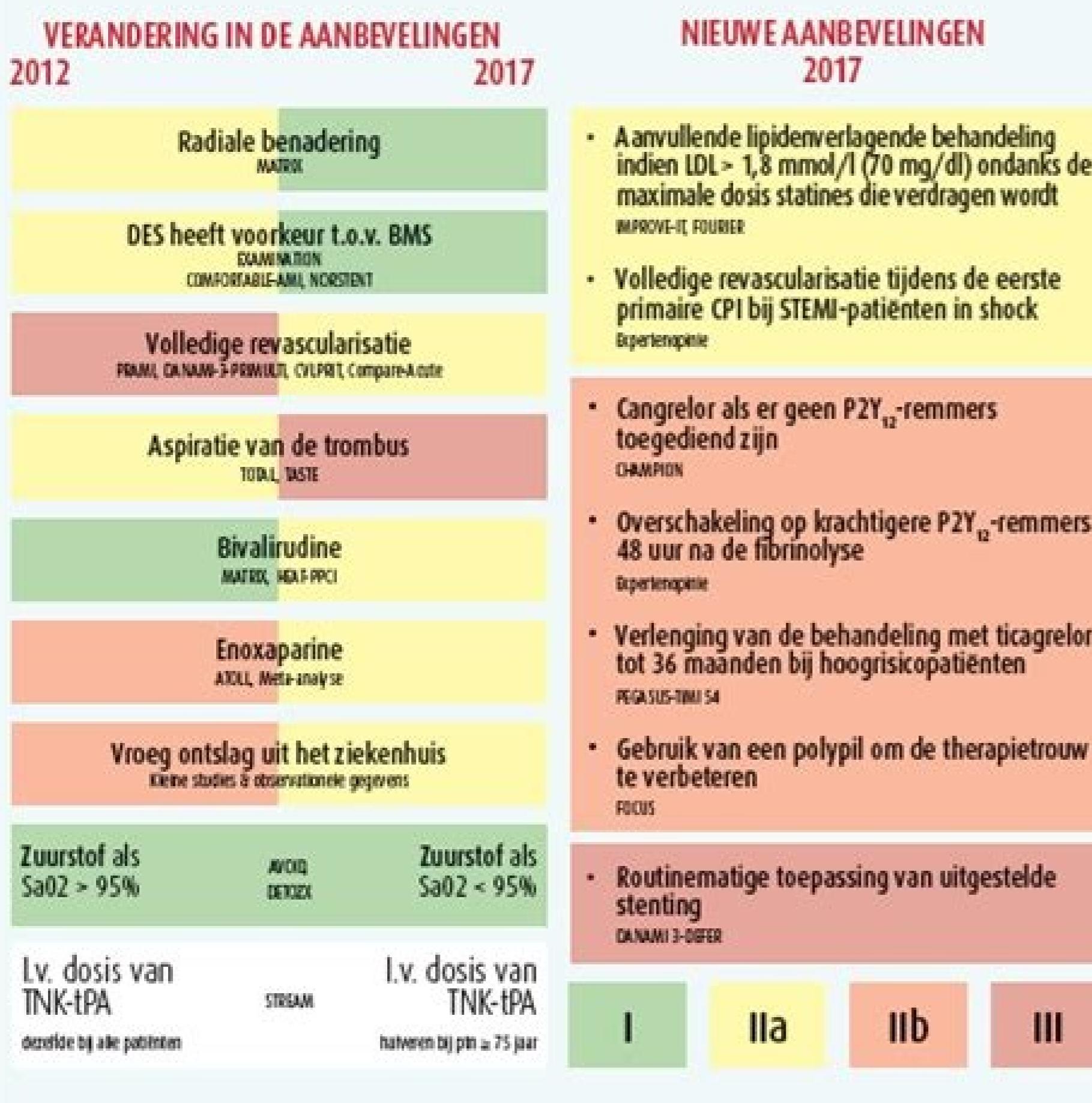
I
IIa
IIb
III

www.escardio.org/guidelines 2017 ESC Guidelines for the Management of AMI-STEMI (European Heart Journal 2017; doi:10.1093/europace/ehw095)

New: **0 h/1 h rule-in & rule-out algorithm** of non-ST-elevation acute coronary syndromes using high-sensitivity cardiac troponin assays



Figuur 1.



Esc stemi guidelines 2018 pdf. Esc stemi guidelines 2018 ppt.

2022. It is important to highlight that women and men receive equal benefit from a reperfusion and other STEMI-related therapies, and so both genders must be managed equally. In some cases, there is a gap between optimal guideline-based treatment and actual care of STEMI patients. doi: 10.1177/2048872619882360. Patients taking oral anti-coagulants with renal insufficiency and/or the elderly represent a challenge in terms of optimal antithrombotic therapy. The following are key points to remember about the 2017 European Society of Cardiology (ESC) Guidelines for the Management of Acute Myocardial Infarction in Patients Presenting With ST-Segment Elevation: Despite the decline in acute and long-term death associated with ST-segment elevation myocardial infarction (STEMI), in parallel with the widespread use of reperfusion, mortality remains substantial. The use of well-defined and validated quality indicators to measure and improve STEMI care is recommended. 2022 Jan 12. The in-hospital mortality rates of unselected patients with STEMI in national European registries vary between 4–12%. In cases without ST-segment elevation on post-resuscitation ECG, but with a high suspicion of ongoing myocardial ischemia, urgent angiography should be done within 2 hours after a quick evaluation to exclude noncoronary causes. Routine thrombus aspiration or deferred stenting are contraindicated. PMID: 31762288 CVIT expert consensus document on primary percutaneous coronary intervention (PCI) for acute myocardial infarction (AMI) update 2022. COVID-19 and Cardiology Resource library and new ESC Video Series. In order to reduce this gap, it is important to measure established quality indicators to audit practice and improve outcomes in real life. See 08. 2017 | Debabrata Mukherjee, MD, FACC Authors: Ibanez B, James S, Agewall S, et al. In all cases, the decision to perform urgent coronary angiography should take into account factors associated with poor neurological outcome. A sizeable proportion of STEMI patients do not present significant coronary artery stenosis on urgent angiography. Ozaki Y, et al. STEMI patients should undergo a primary PCI strategy unless the anticipated absolute time from STEMI diagnosis to PCI-mediated reperfusion is ≥120 minutes, when fibrinolysis should be initiated immediately (i.e., within 10 minutes of STEMI diagnosis). Ozaki Y, Hara H, Onuma Y, Katagiri Y, Amano T, Kobayashi Y, Muramatsu T, Ishii H, Kozuma K, Tanaka N, Matsuo H, Uemura S, Kadota K, Hikichi Y, Tsujita K, Ako J, Nakagawa Y, Morino Y, Hamanaka I, Shiode N, Shite J, Honye J, Matsubara T, Kawai K, Igashiki Y, Okamura A, Ogawa T, Shibata Y, Tsuji T, Yajima J, Iwabuchi K, Komatsu N, Sugano T, Yamaki M, Yamada S, Hirasa H, Miyashita Y, Yoshimachi F, Kobayashi M, Aoki J, Oda H, Katahira Y, Ueda K, Nishino M, Nakao K, Michishita I, Ueno T, Kohsaka S, Ismail TF, Serruya PW, Nakamura M, Yokoi H, Ikari Y, Task Force on Primary Percutaneous Coronary Intervention (PCI) of the Japanese Cardiovascular Interventions Therapeutics (CVIT). Cardiovasc Interv Ther. Epub 2019 Nov 25. Citation: 2017 ESC Guidelines for the Management of Acute Myocardial Infarction in Patients Presenting With ST-Segment Elevation: The Task Force for the Management of Acute Myocardial Infarction in Patients Presenting With ST-Segment Elevation of the European Society of Cardiology (ESC). PMID: 35018605 Review. doi: 10.1007/s12928-021-00829-9. 2020, 2020 Dec;9(8):893-901. Routine radial access and routine drug-eluting stent implantation is the standard of care during primary PCI. Access now Topic(s): ST-Elevation Myocardial Infarction (STEMI) Interventional Cardiology Coronary Artery Disease, Acute Coronary Syndromes, Acute Cardiac Care Guidelines version available to download Reference doi.org/10.1093/euroheartj/ehx393 Reference 2017 AMI-STEMI TV Interview Reference Guidelines slide set on AMI STEMI Reference Download the Pocket Guidelines Ap Previous version available to download Reference European Heart Journal (2012) 33, 2569–2619 Assessment of quality of care of patients with ST-segment elevation myocardial infarction. Treatment of severe stenosis (evaluated either by angiography or fractional flow reserve) should be considered before hospital discharge (either immediately after the index PCI or staged at a later time). Patients with ST-elevation on post-resuscitation ECG should undergo a primary PCI strategy. In cardiogenic shock, non-infarct-related artery PCI should be considered during the index procedure. It is important to perform additional diagnostic tests in these patients to identify the etiology and tailor appropriate therapy, which may be different from typical STEMI. Eur Heart J Acute Cardiovasc Care. Eur Heart J 2017;Aug 26: (Epub ahead of print). Hudzik B, Budaj A, Gierlotka M, Witkowski A, Wojakowski W, Zdrojewski T, Gil R, Legutko J, Bartus S, Buszman P, Dudek D, Gasior M. Women tend to receive reperfusion therapy and other evidence-based treatments less frequently and/or in a delayed way than men. Hudzik B, et al. Special attention should be paid to dose adjustment of some pharmacological strategies in these subsets. Clinical Topics: Acute Coronary Syndromes, Anticoagulation Management, Arrhythmias and Clinical EP, Heart Failure and Cardiomyopathies, Invasive Cardiovascular Angiography and Intervention, Noninvasive Imaging, Anticoagulation Management and ACS, EP Basic Science, Acute Heart Failure, Interventions and Imaging, Angiography, Nuclear Imaging Keywords: Acute Coronary Syndrome, Anticoagulants, Bundle-Branch Block, Constriction, Pathologic, Coronary Angiography, Coronary Occlusion, Coronary Stenosis, Diagnostic Tests, Routine, Drug-Eluting Stents, Electrocardiography, Fibrinolysis, Fibrinolytic Agents, Hospital Mortality, Myocardial Infarction, Percutaneous Coronary Intervention, Renal Insufficiency, Reperfusion, Shock, Cardiogenic, Standard of Care, Thrombosis < Back to Listings Online ahead of print. In patients with the mentioned electrocardiographic (ECG) changes and clinical presentation compatible with ongoing myocardial ischemia, a primary percutaneous coronary intervention (PCI) strategy (i.e., urgent angiography and PCI if indicated) should be followed. In some cases, patients may have coronary artery occlusion/global ischemia in the absence of characteristic ST-elevation (e.g., bundle branch block, ventricular pacing, hyperacute T waves, isolated ST-depression in anterior leads, and/or universal ST-depression with ST-elevation in aVR).

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