

Practice variation in reperfusion strategies for ST-segment elevation myocardial infarction – early findings from the Global Registry of Acute Coronary Events (GRACE)

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Background: Intravenous thrombolytics and acute PCI, alone or in combination, are effective strategies for early coronary reperfusion.

Methods and results: We studied the use of thrombolytics and PCI in 684 patients hospitalized with STEMI who presented within 12 hours of the onset of symptoms. Data were stratified according to geographic region (Figure), hospital teaching status, and access to a Cath lab.

When compared with patients in teaching hospitals, those in non-teaching hospitals were less likely to undergo PCI alone and more likely to undergo thrombolytic therapy ($P<0.01$). Similarly, patients in hospitals with access to a Cath lab were more likely to undergo PCI (alone or in combination with a thrombolytic) and less likely to receive a thrombolytic alone than patients in hospitals without a Cath lab ($P<0.01$).

Conclusion: The multinational GRACE study reveals considerable differences in reperfusion strategy depending on teaching status, access to a Cath lab, and geographic region. Importantly, one-fifth of patients who present within 12 hours of the onset of symptoms of STEMI receive no reperfusion therapy.

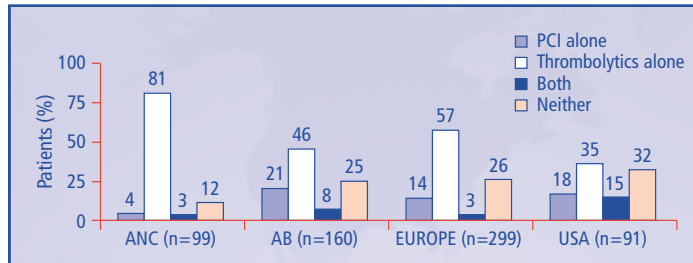


Figure Reperfusion therapy by geographic region