

Interventional procedures and in-hospital outcomes in patients with acute coronary syndromes: observations from the Global Registry of Acute Coronary Events (GRACE)

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Background: Little is known about the impact of hospital access to a Cath lab and use of PCI on subsequent patient outcomes. In this study, we investigated the relationship between the type of facilities available, use of PCI and in-hospital outcomes using data from the multinational, observational GRACE study of patients hospitalized with ACS.

Methods and results: Data from 11 709 unselected patients with ACS were analyzed. Baseline risk factors, use of PCI and in-hospital events were stratified according to clinical presentation and access to a Cath lab. Patients admitted to hospitals with access to a Cath lab underwent PCI more frequently than those admitted to hospitals without access to a Cath lab (Table). The highest rate of PCI was seen in STEMI patients admitted to hospitals with access to a Cath lab, and more strokes were seen in STEMI patients admitted to hospitals with no such access.

Conclusions: Access to a Cath lab is associated with more frequent use of PCI in patients with ACS, and particularly in patients with STEMI, but this difference has no apparent effect on in-hospital mortality.

	STEMI		NSTEMI		UA	
	Cath lab (n=2618)	No Cath lab (n=801)	Cath lab (n=2291)	No Cath lab (n=602)	Cath lab (n=3141)	No Cath lab (n=1256)
PCI	50.4	4.8*	33.6	4.3*	24.1	3.2*
Mortality	7.5	7.0	6.1	6.9	3.6	3.7
Stroke	1.2	2.4*	0.9	1.0	0.4	0.6
Reinfarction	3.0	3.5	1.7	1.5	0.2	0.2
*P<0.05						

Table. Relationship between hospital access to a Cath lab, use of PCI and in-hospital events in patients with ACS