



Liječenje akutnih stanja u kardiologiji: smjernice i stvarnost

Treatment of emergencies in cardiovascular medicine: guidelines and reality

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Akutna stanja u kardiologiji zahtijevaju posebnu pozornost jer su povezana s visokom smrtnošću. Aktivnim pristupom temeljenim na monitoriranju u koronarnim jedinicama, primjenom fibrinolitike i suvremenim perkutanom koronarnim intervencijama drastično je pao mortalitet i smanjio se morbiditet kod ovih bolesnika. Suvremeno liječenje, kako ostalih kardioloških stanja tako i akutnih, bazira se na smjernicama i medicini zasnovanoj na dokazima. Smjernice su putokaz kamo ide suvremena kardiologija i stupanj njihove implementacije odraz su standarda pojedine sredine. Naglašavam dva izuzetno važna momenta za održavanje standarda liječenja. Na prvom mjestu je trajna edukacija na svim nivoima, liječničkom hospitalnom i izvanbolničkom, sestričkom tako i edukaciji pučanstva. Drugi je transparentnost ili kontrola učinjenog kako ustanove tako i pojedinca. Za nju su potrebni nepristrani registri, kojom se vrednuje rad i na osnovu kojeg se donose kompetentni, stručni, na dokazima rezultata valjani zaključci. Raspraviti ćemo gdje smo mi u Hrvatskoj i koliki je raskorak između smjernica i stvarnosti u akutnim kardiološkim stanjima.

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Emergencies in cardiovascular medicine require a special attention since they are connected with high mortality rate. Active approach based on monitoring in coronary care units, application of fibrinolytic therapy and percutaneous coronary interventions have led to drastic fall in mortality and reduction in morbidity with such patients. Modern treatment of other cardiac emergencies and acute emergencies are based on guidelines and evidence-based medicine. The guidelines show the direction where the modern cardiology is heading to and degree of their implementation is the reflection of the standard of a particular environment. I emphasize two extremely important moments for reflecting the treatment standard. Permanent education of physicians and nurses and training at all levels (in-hospital, pre-hospital) and education of whole population is attached the greatest importance. The other is transparency or control of what has been performed not only by the institution but an individual as well. For that purpose, unbiased registries evaluating the work are required and on the basis of which competent, professional and evidence-based conclusions are reached. We shall discuss what our position in Croatia is in this respect and what gap there is between the guidelines and reality in acute cardiovascular emergencies.