



Ostalo

Other

Registar za akutni infarkt miokarda Kardiološkog odjela Opće bolnice Koprivnica

Registry for acute myocardial infarction of the Cardiology Department of the Koprivnica General Hospital

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Od 2005. godine putem "Registra za akutni infarkt miokarda" na Kardiološkom odjelu Opće bolnice Koprivnica prate se određene varijable kod pacijenata oboljelih od akutnog infarkta miokarda (AIM). U razdoblju od 2005. do 2008. godine na odjelu je od AIM liječeno 679 bolesnika. Tijekom 2005. godine većina bolesnika liječena je konzervativno, manji broj fibrinolitičkom terapijom, dok je primarna perkutana koronarna intervencija (PCI) primijenjena samo kod troje bolesnika. Od početka 2006. god. uključeni smo u *Hrvatsku mrežu urgentne PCI*. U tri godine primarnom PCI liječena su 153 bolesnika što iznosi 29,7% od ukupnog broja liječenih od AIM (53% od bolesnika sa AIM praćenim elevacijom ST-segmenta, STEMI). Ukupna smrtnost u razdoblju 2006. do 2008. godine je 7,8% što je praktički upola manje nego 2005. godine (13%), dok je smrtnost liječenih primarnom PCI svega 3%.

Možemo li biti zadovoljni postignutim rezultatima? U nekim segmentima možemo, jer smo bolničku smrtnost smanjili na pola, kvaliteta života naših bolesnika je znatno bolja, rehabilitacija kvalitetnija i brža, manje je komplikacija, a boravak na odjelu kraći.

Ono čime nismo zadovoljni je činjenica da je još uvijek oko 50% bolesnika sa STEMI liječeno konzervativno, prvenstveno radi prekasnog dolaska u bolnicu nakon početka bolova (u prva 3 sata primljena je četvrtina pacijenata, polovica unutar 6 sati, a 32% nakon više od 12 sati ili čak 24 sata). Bolničko osoblje i dalje (uz iznimku HMP Križevci) primarno zbrinjava bolesnike sa STEMI i prati ih u transportu do Kliničke bolnice Dubrava u Zagrebu što smatramo dodatnim gubitkom vremena, no liječnici primarne zdravstvene zaštite (prvenstveno HMP) još uvijek ne nalaze ni interesa, ni volje, a niti odgovornosti da se prihvate tog posla.

U sekundarnoj prevenciji postigli smo zadovoljavajuće rezultate. Svi bolesnici s postinfarktnom ishemijom su invazivno obrađeni, ovisno o nalazu adekvatno liječeni (PTCA uz stent, konzervativna ili operativna terapija) i redovito su kontrolirani.

Since 2005 we have been tracking certain variables with patients suffering from acute myocardial infarction (AMI) by using "Registry for acute myocardial infarction" at the Cardiology Department of the Koprivnica General Hospital. During the period between 2005 and 2008, there were 679 patients treated from AMI at the Department. During the year 2005, the most of the patients were treated conservatively, fewer of them by using fibrinolytic therapy, while the primary percutaneous coronary intervention (PCI) was applied with only three patients. Since the beginning of the year 2006, we have been included in the *Croatian Urgent PCI Network*. During the period of three years, 153 patients, amounting to 29.7% from the total number of persons treated from AMI (53% of patients suffering from ST-segment elevation myocardial infarction, STEMI) have been treated by primary PCI. The total mortality during the period from 2006 to 2008 amounts to 7.8% which is practically twice as less as during the year 2005 (13%), while the mortality of persons treated by primary PCI is only 3%.

Can we be happy with the achieved results? In a way we can, since we have reduced the in-hospital mortality as twice as much, the life quality of our patients has greatly improved, rehabilitation is better and faster, there are fewer complications and the length of stay in the Department is shorter.

The thing we are not satisfied with is the fact that still 50% of patients suffering from STEMI has been treated conservatively, primarily due to a late arrival in hospital following the onset of chest pains (during the first 3 hours, one quarter of patients has been admitted, the half of them within 6 hours and 32% following more than 12 hours or even 24 hours). The in-hospital personnel still (with exception of Emergency Medicine Department Križevci) organizes primary management of patients suffering from STEMI, accompanies them in the transport to the Dubrava Clinical Hospital in Zagreb which we think is an additional waste of time, however, primary healthcare physicians (especially EMD) still show neither interest, desire nor responsibilities to get down to this work.

We have accomplished satisfactorily results in secondary prevention. All the patients with post-infarction is-



Primarna prevencija je još uvijek nedostatna i neodgovarajuća, posebno gledajući na čimbenike rizika na koje se može utjecati. Među oboljelima od infarkta najzastupljenija su arterijska hipertenzija (76%) i hiperlipidemija (53%), potom slijede pretilost (42%), dijabetes (36%) i pušenje (26%). Dok se oko nekih zaraznih bolesti koje su rijetke (AIDS) ili ih praktički nema (ptičja gripa) stvara prava fama i razrađuju cijele strategije, čini mi se da unatoč našim nastojanjima, opasnost od kardiovaskularnih bolesti u našoj populaciji još nije dovoljno ozbiljno shvaćena.

Izvjesni pomaci na bolje su vidljivi, no još uvijek nedovoljni. Da bismo imali potpunije podatke i uvid u pobol u našoj populaciji, predlažem da se na nivou Republike Hrvatske formira "Registar za akutni koronarni sindrom" koji bi objedinio rezultate svih centara u Hrvatskoj, ukazao na probleme koje je moguće rješavati. Ujedno bi se na jednom mjestu objedinili rezultate postignuti osnivanjem *Hrvatske mreže urgentne PCI*, što bi ukazalo na izuzetnu vrijednost tog projekta.

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chemia are invasively treated and received an adequate therapy depending on the test results (PTCA with stent, conservative or operative therapy) and were checked on a regular basis.

The primary prevention is still insufficient and inadequate, especially regarding the risk factors that may be influenced. Among those suffering from infarction, the most frequent risk factors are hypertension (76%) and hyperlipidemia (53%), followed by obesity (42%) and smoking (26%). While the issue concerning some infectious disease which are rare (AIDS) or are not present at all (bird flu) is raised and strategies are developed, I have a feeling that despite all our endeavors, the danger of cardiovascular diseases in our population is not understood seriously enough.

Some improvements are here to see, still, they are insufficient. Wishing to have more complete information and an insight into the rate of disease in our population, I suggest establishing "Registry for acute coronary syndrome" at the level of the Republic of Croatia as to uniform the results obtained from all the Croatian centers and indicate the problems that may be resolved. Consequently, the results achieved by establishing the *Croatian Urgent PCI Network* could be collected at one place which would indicate a high value of such a project.