

MANAGEMENT OF PATIENTS WITH ACUTE CORONARY SYNDROME IN REAL CLINICAL PRACTICE DURING THE COVID-19 PANDEMIC

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INTRODUCTION

Cardiovascular diseases are actual problem due to very high morbidity and mortality. During pandemic explore the role of COVID-19 in acute cardiovascular syndrome care is very important issue.

AIM

To evaluate the clinical features and treatment of patients with acute coronary syndrome (ACS) in real clinical practice in the Republic of Karelia (Russia) during the coronavirus pandemic

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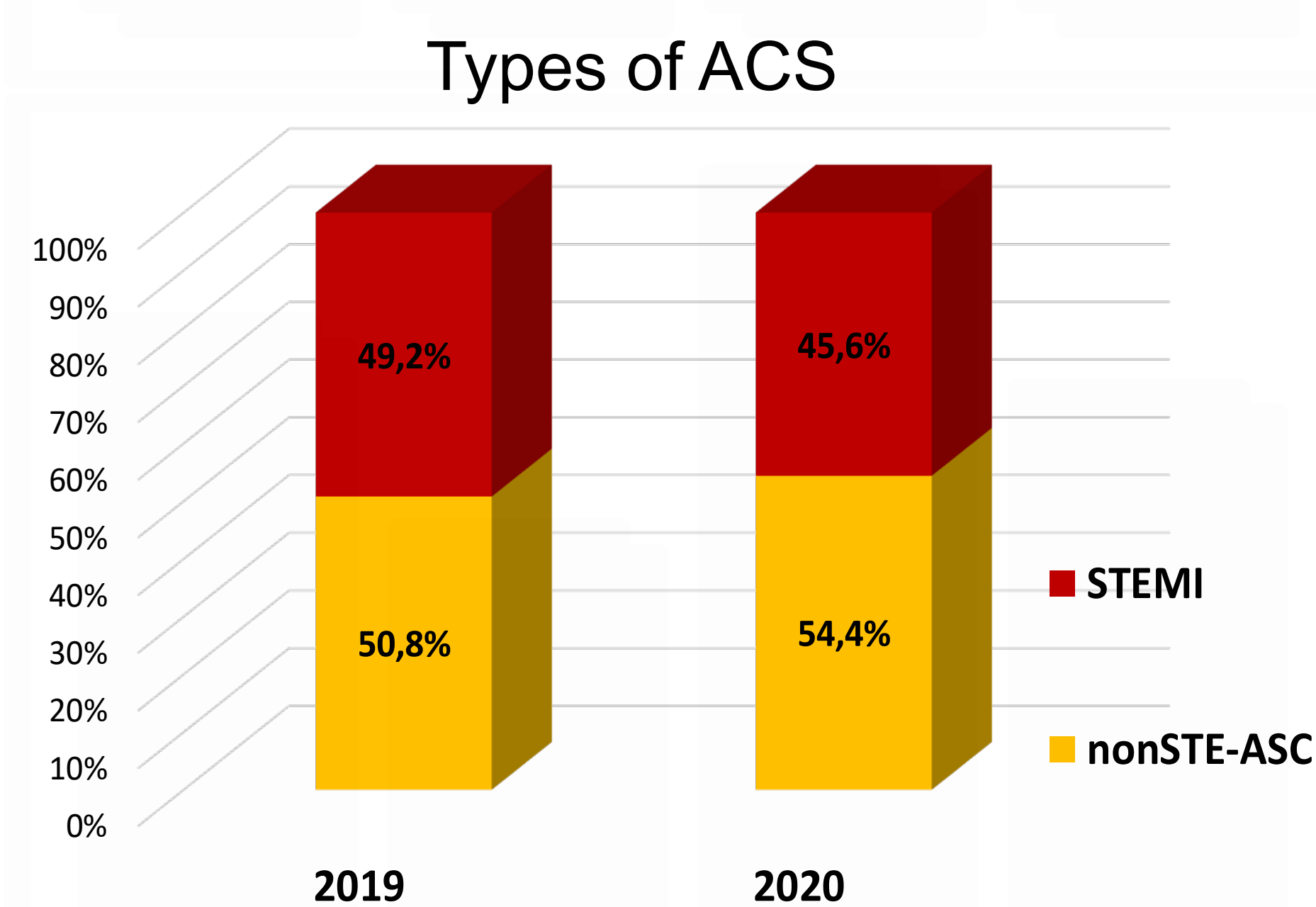
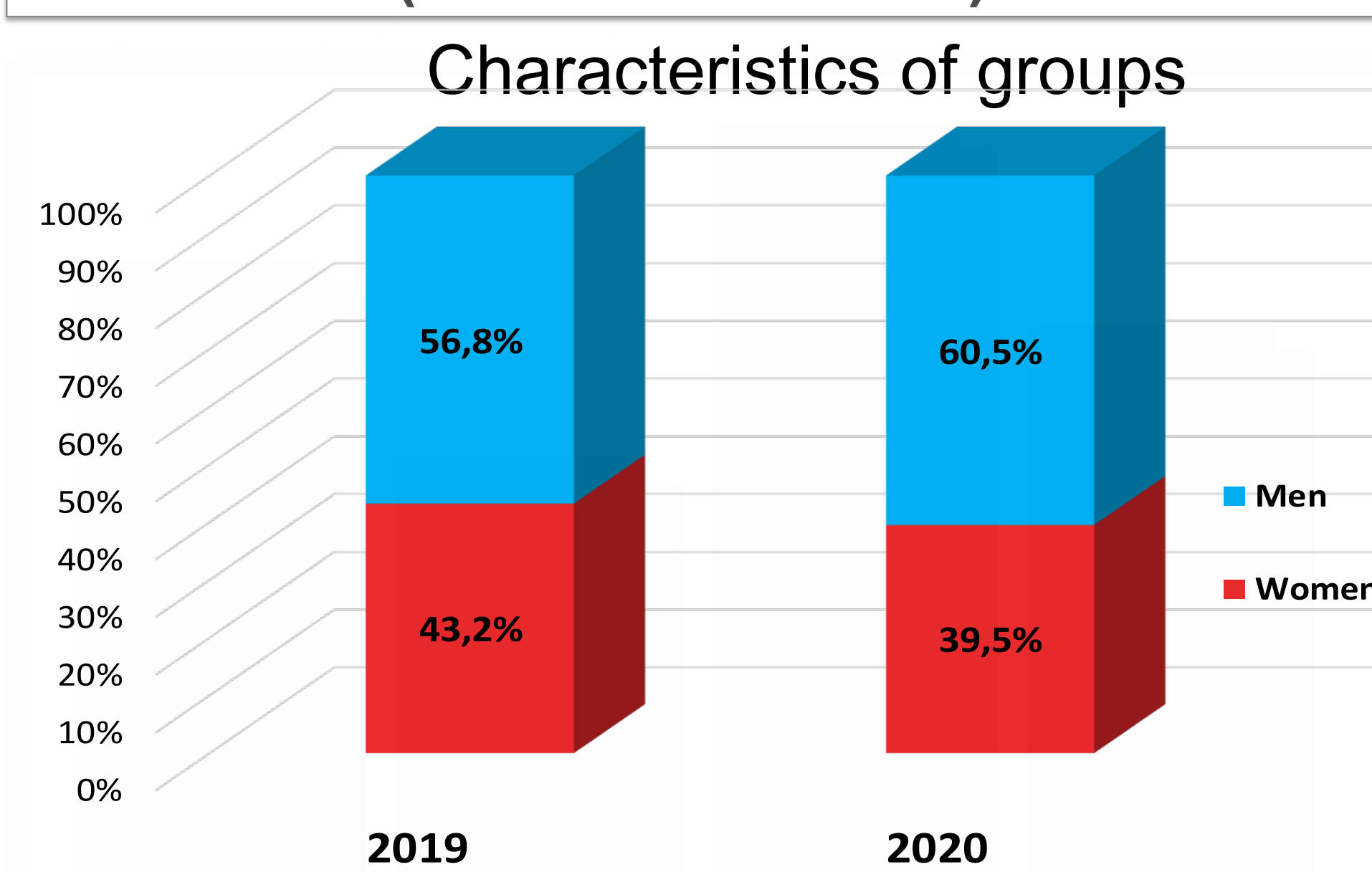
METHODS

The study included 860 patients consecutively hospitalized at the Regional Cardiovascular Center (Petrozavodsk, Russia) from 01.01.2019 to 01.01.2021 due to ACS, included in the Russian Federal Registry of ACS.

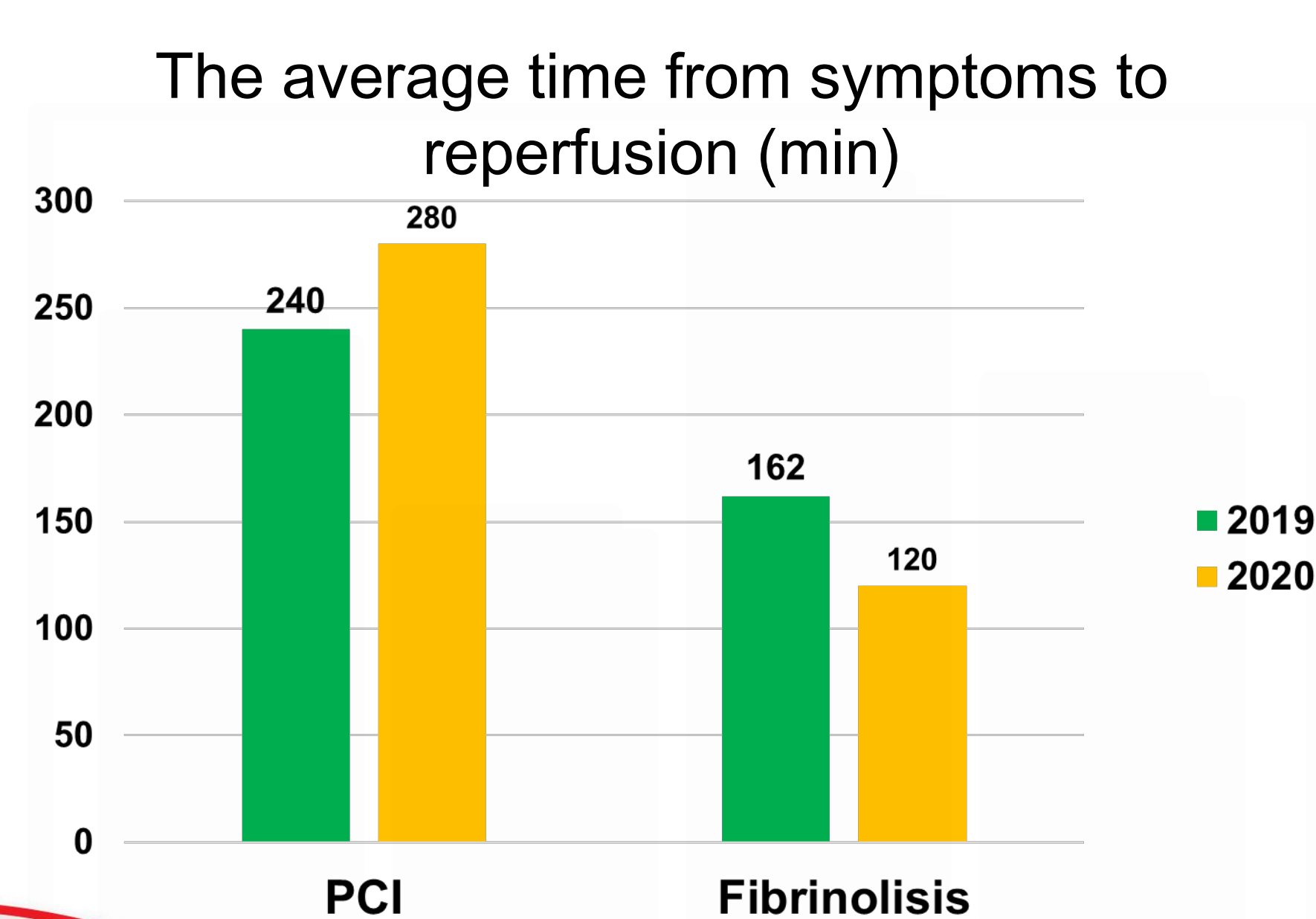
Patients were divided into 2 groups: were hospitalized in 2019 made the first group, and in 2020 – the second group. Clinical features, drug treatment, reperfusion strategy as well as the outcomes were assessed. Note that in 2020 during coronavirus pandemic the Regional Cardiovascular Center was continuing treatment patients with ACS in full 24/7.

RESULTS

The first group included 425 patients, the second – 435, men prevailed (56.8% and 60.5% respectively), ACS without ST (nonSTE-ASC) elevation was diagnosed more often (50.8% and 54.4%)

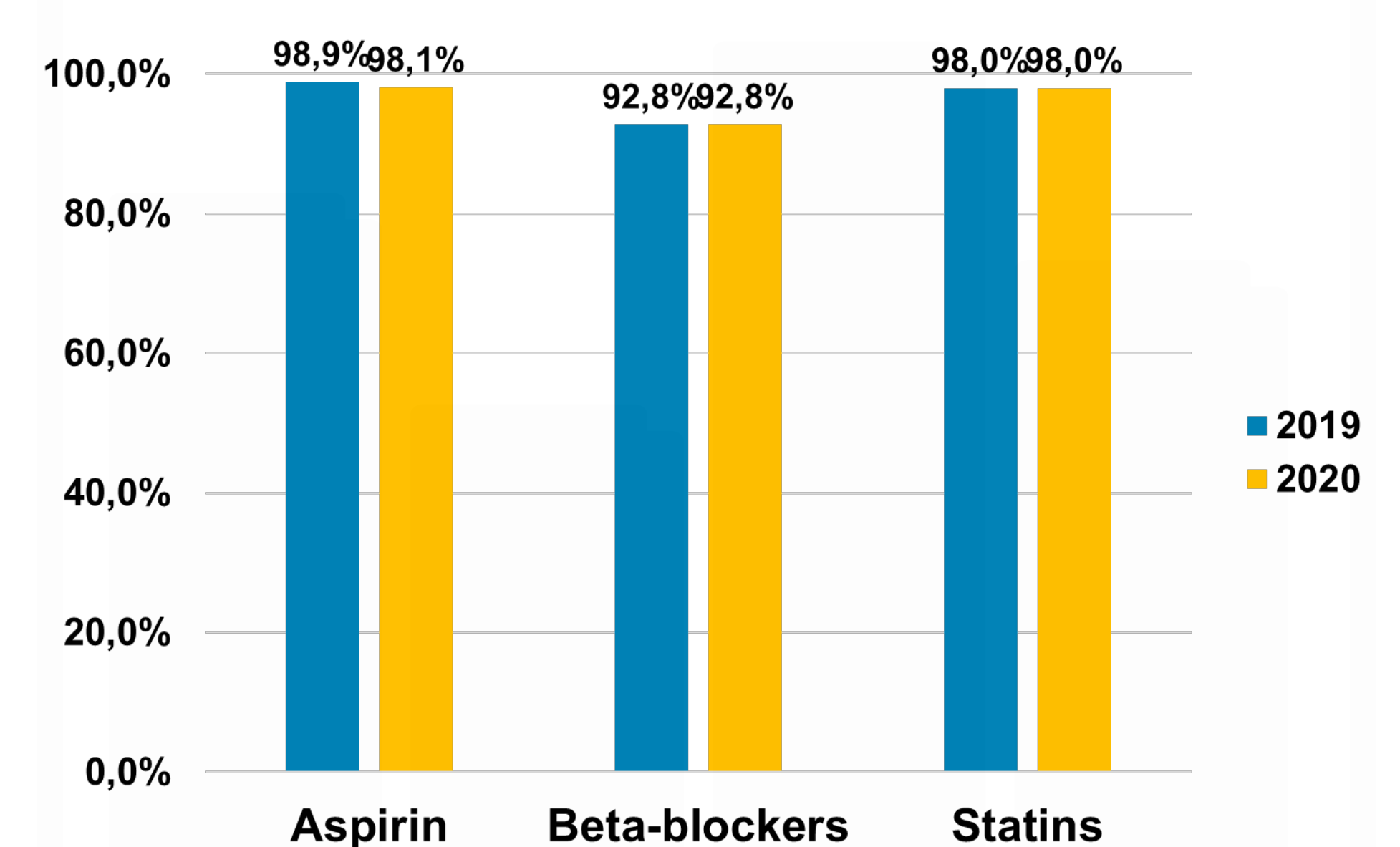


The reperfusion frequency in STEMI was the same (0.9% - fibrinolysis, 91.4% - PCI). The average time from symptoms onset to primary PCI was 240 min in the first group and 280 min in the second. And the same index for fibrinolysis was 162 min and 120 min respectively.



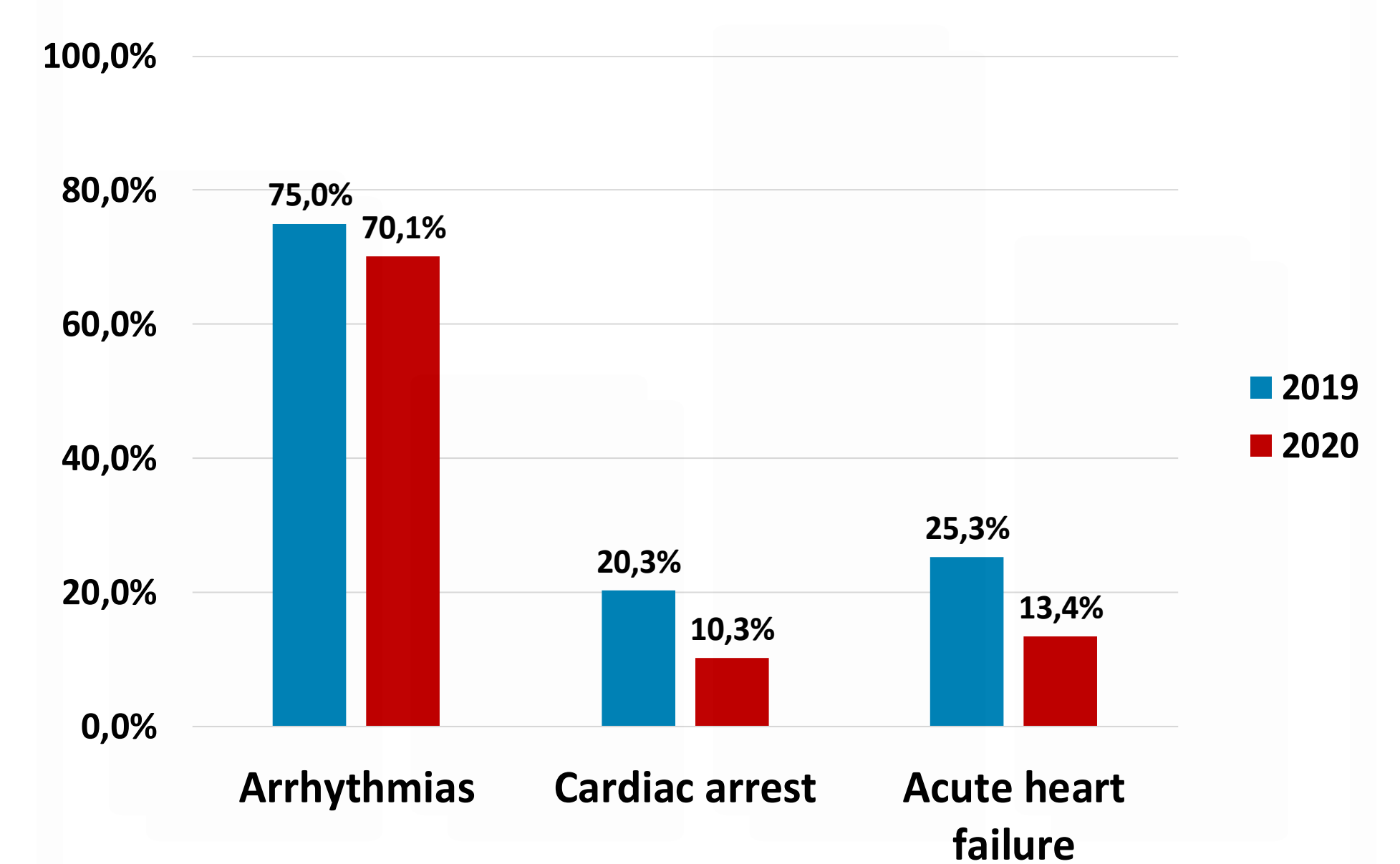
Drug therapy was administered to all patients according to guidelines. In the first group 98.9% of patients took aspirin, in the second - 98.1%. The number of patients receiving beta-blockers (92.8%) and statins (98.0%) was similar in both groups.

Drug therapy of ACS



The incidence of severe complications in the second group was 20%, while in 2019 it was significantly lower (15.1%). The most frequency complications in the second group were life-threatening arrhythmias (75% vs 70.1%) and cardiac arrest (20.3% vs 10.3%), and in the first group acute heart failure was diagnosed more often (25.3% vs 13.4%). The hospital mortality was 1.4% in both groups.

Complications of ACS



CONCLUSIONS

Our trial showed that during the coronavirus pandemic, there were more men among ACS patients, the STEMI was more often diagnosed.

Despite the difficulties of medical care in 2020, the frequency of reperfusion interventions was the same, but the average time to PCI increased.

The volume of drug therapy was comparable. An increase in the incidence of severe complications during the pandemic was noted, the most frequent of which were arrhythmias and cardiac arrest, but it didn't lead to an increase the hospital mortality.