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FACTORS RESPONSIBLE FOR WORSE OUTCOMES IN STEMI PATIENTS WITH EARLY VS DELAYED TREATMENT PRESENTING IN A TERTIARY CARE CENTER

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Objectives: The aim of the study is to compare the outcomes among STEMI cases with early treatment vs delayed treatment. To identify the contributing factors behind treatment delays and worse outcomes following STEMI symptoms.

Methodology: It was a prospective comparative study on 186 patients with consecutive (non-probability) sampling. Two groups of cases were made as per their time to get admitted to the hospital (i.e. within 2 hours of symptom onset = Group-A; after 2 hours of symptom onset = Group-B). Patients were asked for factors causing a delay in treatment after the onset of symptoms and were monitored for STEMI outcomes.

Results: The mean age of all patients was 46.62 ± 9.76 years and there were 140(75.27%) male and 46(24.73%) female, and male to female ratio 3:1.Factors significant for delayed treatment versus non- delayed treatment were poor social economic status (65.6% versus 20.4%), history of chronic stable angina (33.3% versus 11.8%), delayed response in the emergency room (20.4% versus 8.6%), delayed ECG acquisition (26.9% versus 8.6%), delayed ECG interpretation (25.8% versus 4.3%), pain at night 12:00 to 6:00 am (21.5% versus 9.7%) and belief that the chest pain is non-cardiac (26.9% versus 3.2%). Acute heart failure was significantly greater in group B (9.7%) in comparison with group-A (2.2%), Re- infarction was 18.3% in group B in comparison with 7.5% group-A. Similarly sustained ventricular tachycardia and ventricular fibrillation and in hospital mortality were higher in group B (12.9%, 14 % and 12.9% respectively).

Conclusion: Our study highlights that while most post-AMI patients receive the recommended minimum statin therapy, the inadequate practice of lipid assessment may compromise therapy optimization and raise the risk of subsequent events.

Keywords: Cardiovascular disease, STEMI, delayed treatment, causes, complications, mortality

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