

Pathway of care and life course of patients with recurrent ST-elevation myocardial infarction

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Background: We hypothesized that patients having experienced one coronary event in their life must present differences in their pathway of care in the acute phase and within 12-month life course.

Purpose : This study aimed to compare pathways between current and recurrent Myocardial Infarction.

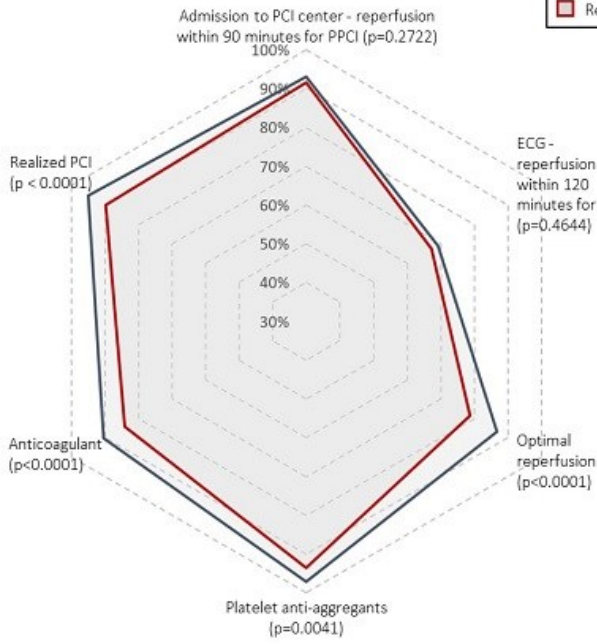
Methods: All patients from the OSCAR registry with ST Elevation Myocardial Infarction (STEMI) as final diagnosis from 2013 to 2016 were included. We defined recurrent STEMI as a reinfarction occurring within 12-month post-current-STEMI and STEMI with prior MI occurred before the inclusion date.

Results: Recurrent STEMI called more often the medical dispatch center (71.32% vs 62.36%, $p<0.0001$) and benefited from out-of-hospital medical care by Emergency Mobile Services (67.07% vs 59.70%, $p=0.0007$). The hospital management delays did not differ but the delay symptom-ECG tended to be 26 minutes longer for recurrent STEMI admitted directly to the emergency department (182 [109;314] vs 156 [89;291], $p=0.0510$). They also underwent less percutaneous coronary interventions (PCI) (90,24% vs 95,07%, $p<0.0001$). At 12 months post-discharge, we observed a better adherence to BASIC-treatment (Beta-blockers, Anti-platelet medications [aspirin, clopidogrel, prasugrel], Statins and Converting Enzyme Inhibitor Combination-treatment) for recurrent STEMI (64,06% vs 52,98%, $p=0.0062$) but the key lifestyle interventions were less applied.

Conclusion: Comparison of care and life course of current and recurrent STEMI highlighted a different use of pre-hospital care and hospital resources. They also showed better adherence to BASIC-treatment during recurrent events compared to current STEMI.

a) Pathway of care

Management at the acute phase



b) Life course

Follow-up at 12 months post-STEMI

