Acute Coronary Syndromes: Current Evidence For Management In The Hospital Setting

Abstract

Coronary artery disease is the leading cause of death in the United States, and up to 30% of patients who suffer a cardiac event will die within a year of diagnosis. “Acute coronary syndromes” is a general term that describes a spectrum of conditions related to the acute manifestations of coronary artery disease. Acute coronary syndromes include 3 conditions: (1) unstable angina, (2) myocardial infarction with ST-segment elevation, and (3) myocardial infarction with non-ST-segment elevation. The incorporation of evidence-based strategies in evaluation and risk stratification and the determination of treatment strategies appropriate to the diagnosis are vital to successful management of patients with acute coronary syndromes. This issue reviews the evidence for the numerous therapies for acute coronary syndromes, including drug therapies and revascularization strategies. Issues of inhospital complications, special patient circumstances, quality improvement, and risk management are also reviewed.

CME Objectives

1. Distinguish the different types of ACS.
2. Risk stratify a patient presenting with UA/NSTEMI.
3. Determine an appropriate management strategy for a patient with UA/NSTEMI.
4. Determine an appropriate management strategy for a patient with STEMI.
5. Cite common medications used in treating patients with ACS.

Prior to beginning this activity, see the back page for faculty disclosures and CME accreditation information.
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As Editor-in-Chief, I am proud to bring to you the first and only evidence-based, single-topic, monthly journal that is written and peer reviewed by Hospitalists for Hospitalists: **OmniaCore In Hospital Medicine**.

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In addition, *OmniaCore In Hospital Medicine* is published by EB Medicine – an independent medical publisher who has been providing this unique style of content to emergency clinicians for over 12 years, with impressive results. Their readers have shown as much as a 36% improvement in their clinical knowledge of a topic after reading the articles. EB Medicine is also one of the few publishers in the country to have obtained direct accreditation from the Accreditation Council for Continuing Medical Education to provide CME for physicians – and they are one of a very small group that has never accepted advertising or commercial support. I am proud to have partnered with them to deliver this publication to you.

On behalf of the editorial board, authors, peer reviewers, and publisher, I’d like to thank you in advance for your support in helping *OmniaCore In Hospital Medicine* evolve into the premier journal in Hospital Medicine.

Sincerely,

**Alpesh Amin**

Alpesh N. Amin, MD, MBA, MACP, SFHM
Editor-in-Chief, *OmniaCore In Hospital Medicine*
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Here is a clinical pearl that approaches ACS patients:

- Approach ACS patients with a rapid and efficient process.
- Make sure that an ECG is completed and read within 10 minutes; this will allow you to rapidly diagnose or rule out STEMI.
- For STEMI: Quickly establish and implement a reperfusion plan.
- For UA/NSTEMI: Remember that immediate angiography (at the time of presentation) does not improve outcomes compared to early angiography (within 1-2 days of presentation). You have time to decide on the best approach to management. The choice of invasive or conservative management depends on local practice, resources, and (most importantly) the patient’s overall level of risk.
- Risk stratify all NSTEMI patients using the TIMI risk score for UA/NSTEMI. Higher-risk patients derive more benefit from early angiography and revascularization.

The concise clinical points in each issue are exactly what I want to know in my practice.

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Take a peek at this pathway from our ACS issue – we think you’ll especially like the class of evidence ratings for each recommendation, which enable you to judge the quality of the evidence for yourself.

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The clinical pathways are practical and effective – and no other publication compares to its clinical utility, its ease of interpretation and assimilation, and its low cost.

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Examine the quality of the evidence from our ACS issue for yourself by scanning the references excerpted here.

References

Evidence-based medicine requires a critical appraisal of the literature based upon study methodology and number of subjects. Not all references are equally robust. The findings of a large, prospective, randomized, and blinded trial should carry more weight than a case report.

To help the reader judge the strength of each reference, pertinent information about the study, such as the type of study and the number of patients in the study, will be included in bold type following the references, where available. The most informative references cited in this paper, as determined by the author, will be noted by an asterisk (*) next to the number of the reference.


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