從台灣全範圍急性冠心症登錄到台灣急性冠心症糖尿病登錄看到急性冠心症臨 床指引順從性的改善

徐國基

新光醫院心臟內科

Improvement of Getting With ACS Guideline from Taiwan ACS-Full Spectrum
Registry to ACS-DM Registry in Taiwan
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Acute coronary syndrome (ACS) including ST-elevation myocardial infarction, non-ST elevation myocardial infarction and unstable angina is a life-threatening disease. To improve the clinical outcome of ACS, many cardiology societies have developed clinical guidelines to provide evidence-based therapy. To identify current management of ACS nationwide at hospital admission, during in-hospital stay and 12 months post discharge, Taiwan Society of Cardiology (TSOC) designed Taiwan ACS full-spectrum registry from 2008 to 2010, ACS-stent registry from 2012 to 2015, and ACS-DM registry from 2013 to 2015. PCI was performed in most of the ACS patients in Taiwan. Medical therapy for ACS patients according to clinical guidelines is suboptimal in Taiwan ACS-Full Spectrum Registry. Door to balloon time improved significantly after ACS full spectrum registry. Dual antiplatelet use during hospitalization significantly improved from 95.1% to 99.6% from ACS-full spectrum registry to ACS-stent registry. ACE-inhibitor/ARB improved from 63.8% to 77.5%, beta-blocker from 48.8% to 71.1%, statin use from 54.4% to 81.2%. Increased adherence to ACS guideline from ACS-Full spectrum registry to ACS-DM registry was also found.

After the registry, TSOC developed guidelines for the management of ST-elevation myocardial infarction in 2012 and non-ST elevation ACS in 2018. Reperfusion therapy and guideline-directed medical therapy significantly improve 1-year major adverse outcomes. Much improvement in clinical guideline adherence was observed in ACS-DM registry after local guideline establishment. However, there still remains a gap of renin-angiotensin system blockade, beta-blocker and statin use between real-world and guideline directed therapy. Concerted efforts are needed to continue this positive trend.