# Clinical Characterstics and Outcome of ACS Patients

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### Aims & Objectives

To study the Clinical characterstics and outcome of ACS patients.

### Materials & Methods

Clinical characteristics, management practices and Inhospital outcome of ACS are reported from hill station of HP. Data of 299 consecutive cases of ACS diagnosed using standard criteria admitted in IGMC hospital Shimla from 12 Nov. 2012 to 30 may 2012 were prospectively recorded and analyzed. Patients of ACS were grouped into STEME and NSTEMI (NSTEMI and Unstable angina). 154 (51.5%) were STEMI 145 (48.5) were NSTEMI.

### Results

The mean age was (59.6±29.7) Patients with STEMI (59.6 ± 12.7) and NSTEMI (59.4 ± 12.6) P value .05. Males formed 73.2% (219) of the ACS while 26.8% (80) were female. Mean age of the men and women with ACS was 59±13 vs 62±12 (p value- .02). Proportion of ACS cases from urban and rural were 36.1% vs.63.9% Median pre hospital delay was 13 hours (10 min to 11 days). Only 36.4% reported within 6 hours of symptom onset. Prevalence of hypertension, Diabetes and tobacco consumption were 46.8 %, 23.1%, 64.2% respectively. Distribution of hypertension, Diabetes and tobacco consumption among STEMI and NSTEMI patients were 41.6 % vs 52.4%, 22.7% vs 23.4% and 66.9% vs 61.4 % respectively with p value .03, .4, .1. Only 31.2% of STEMI patients received reperfusion therapy, 29.9% Thrombolytic and 2.7% Primary PCI. The reason of not receiving thrombolytic therapy was primarily due to late reporting 52.4%. Percentage of patients who receive ASA, Clopidogrel, Statin, BB Blockers and ACE inhibitors/ARB were 100%, 96.3%, 93.6%, 91%, 91.6% respectively. In hospital mortality was 11.7%. Inhospital mortality among patients of STEMI and NSTEMI was 16.2% vs. 6.9% respectively with p value - .006)

### Conclusions

A considerable proportion of patients with ACS were tobacco consumer, hypertensive, diabetic. Proportion of males affected considerably more than females, also males were affected at younger age. There are certain proven therapeutic reperfusion therapies (thrombolysis, PCI) that remain underused due considerable prehospital delayed accounted by hilly terrain and non availabilty of adequate medical facilities at primary level and ignorance of symptoms. A more widespread awareness of these risk factors and a more diligent use of treatment approaches at primary level can considerably improve outcome of ACS patient.