



RESCAMIP : Premiers Résultats

Dr BALEN F.



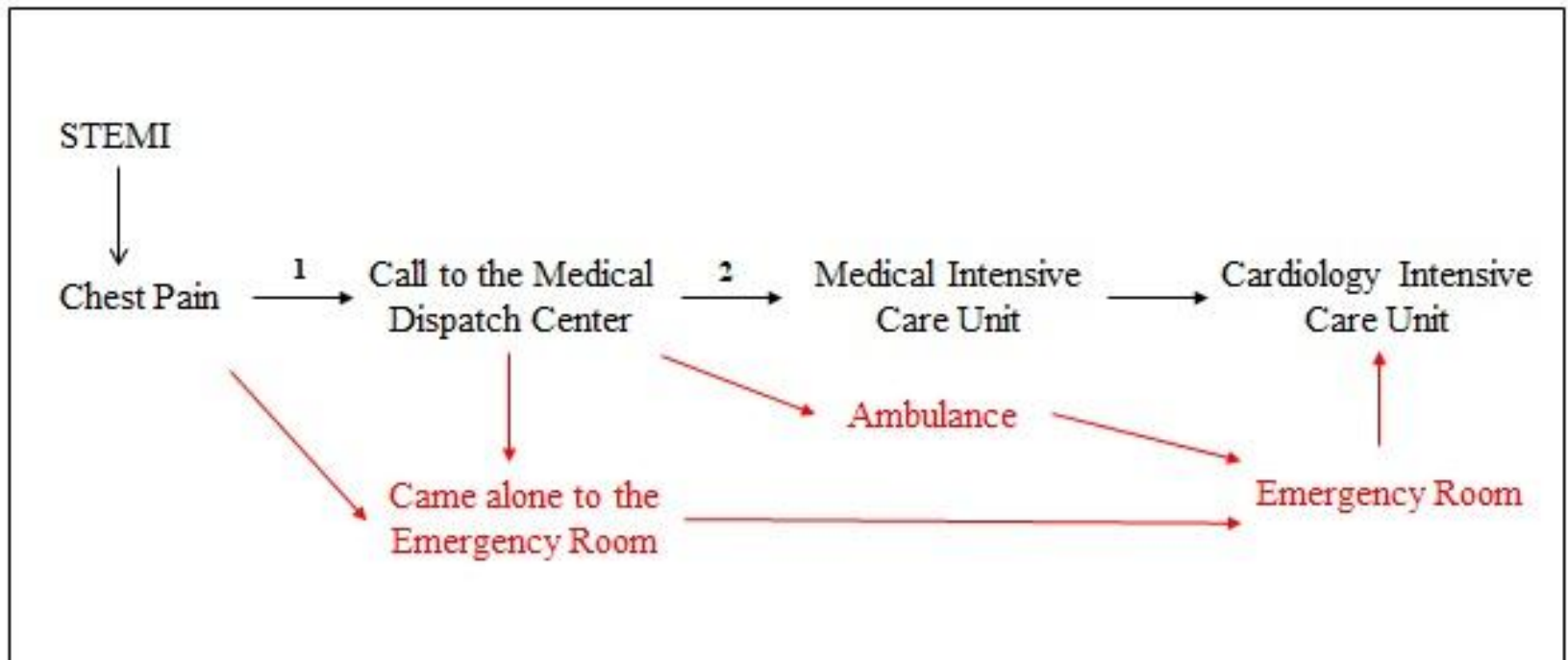
03/07/2018

Journée ORU Occitanie

Justification

2

□ SCA ST+, mortalité et délai



2017 ESC Guidelines for the management of acute myocardial infarction in patients presenting with ST-segment elevation

Objectifs

3

- Evaluer la proportion de parcours optimaux
- Identifier des facteurs associés à la prise en charge avec les parcours optimaux

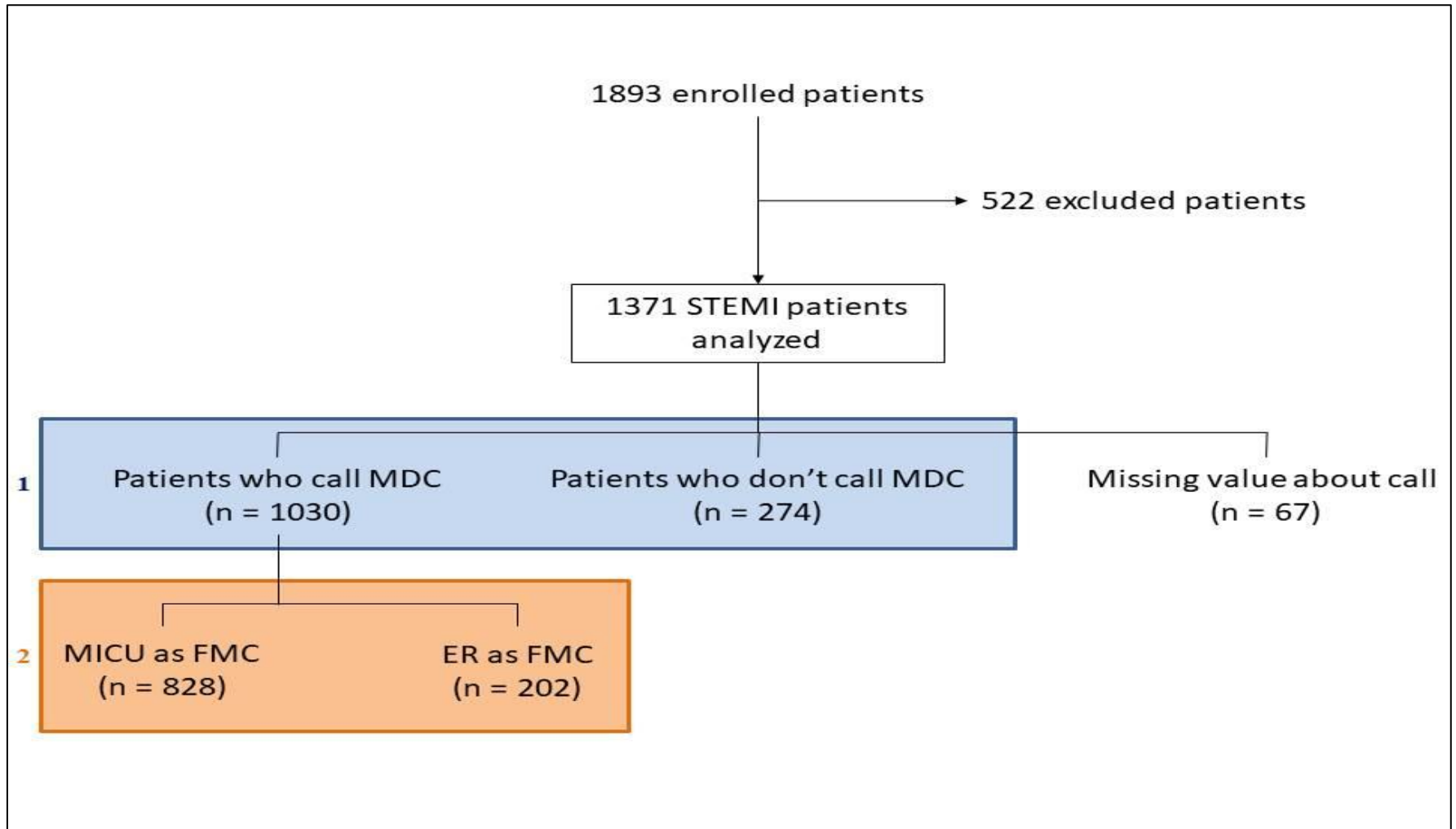
Méthode

4

- Etude régionale RESCAMIP de 2015-2017
- Critère d'inclusion : SCA ST+ de moins de 12h
- Critères d'exclusion : ACR à l'évaluation initiale
- Recueil de données par urgentistes et cardio

Résultats (1)

5



Résultats (2)

6

Table 1 Baseline characteristics.	
	STEMI patients analyzed (n = 1371)
Men	1046 (76%)
Age (years)	65 ± 15
Age < 65 years	700 (51%)
Absence of CV risk factor	388 (28%)
Personal history of CV Disease	254 (19%)
Time since symptom onset (min) ¹	91,5 (50 - 190)
First Medical Contact (FMC)	
- Cardiology	28 (2%)
- MICU	828 (60%)
- ER	502 (37%)
<p>Delay to reperfusion : non-optimal pathway = 101 min (64-160) vs optimal = 75 min (58-92), p <0.05, 537 missing values.</p>	
- Primary PCI	1022 (81%)
- Thrombolysis	176 (14%)
- No reperfusion therapy	59 (5%)
Delay from FMC to reperfusion therapy (min) ⁴	80 (59 - 107)
on which < 120 minutes	663 (80%)
In-hospital mortality	56 (4%)

Data are number (%), mean±standard deviation or median (interquartile range). PCI : Percutaneous Coronary Intervention; CV : CardioVascular

¹: 251 missing values ; ²: 158 missing values; ³: 114 missing values ;

⁴: 537 missing values

Résultats (2)

7

□ Facteurs associés à l'appel au centre 15

Table 4 Characteristics of patients who call and who don't call the MDC when they have chest pain due to STEMI

	Patients who call MDC (n = 1030)	Patients who don't call MDC (n = 274)	p-value
--	-------------------------------------	--	---------

Table 2 Multilevel analysis of factors associated with calling to the MDC

	Model 1 Empty (n = 1304)	Modèle 1 A (n = 1304)	Modèle 1 B (n = 1304)	Modèle 1 Full (n = 1304)
Age > 65 years (OR [IC95])		1.40 [1.06-1.85]		1.37 [1.02-1.83]
Male sex (OR [IC95])		0.79 [0.56-1.12]		0.76 [0.53-1.07]
Personal history of CVD (OR [IC95])			2.03 [1.31-3.12]	1.9 [1.22-2.96]
Presence of CV Risk Factor (OR [IC95])			1.74 [1.29-2.35]	1.84 [1.35-2.5]
Variance between MDC (SE)	0.34 (0.12)	0.35 (0.13)	0.36 (0.13)	0.37 (0.13)
ICC (SE)	0.034 (0.02)	0.036 (0.02)	0.038 (0.03)	0.04 (0.03)

CV/CVD : CardioVascular Disease ; MDC : Medical Dispatch Center ; ICC : Infraclass Correlation Coefficient

Presence of risk factor	793 (77%)	173 (63%)	< 0.001
- Family history of CVD	137 (13%)	39 (14%)	0.688
- Smoker	354 (34%)	90 (33%)	0.637
- Diabetes	133 (13%)	33 (12%)	0.701
- Hypertension	374 (36%)	76 (28%)	< 0.01
- Hyperlipidemia	233 (23%)	54 (20%)	0.301

CVD : Cardio-vascular Disease (Coronary disease, cerebral stroke and arteriopathy)

Résultats (3)

□ Facteurs associés à l'envoi d'un SMUR

Table 5 Characteristics of patients by First Medical Contact (FMC) when calling MDC for symptomatic STEMI

	MICU as FMC	ER as FMC	p-value
Table 3 Multilevel analysis of factors associated with sending a MICU for chest pain in STEMI patients			
	Model 2 Empty n = 1030	Model 2 A n = 1030	Model 2 B n = 1030
			Model 2 Full n = 1030
Age > 65 years (OR [IC95])		0.83 [0.6-1.15]	0.82 [0.56-1.2]
Male sex (OR [IC95])		2.21 [1.57-3.11]	2.11 [1.49-2.99]
Personal history of CVD (OR [IC95])			1.69 [1.07-2.65]
CV Risk Factor :			
- Family history of CVD			1.23 [0.75-2.01]
- Smoker			1.1 [0.78-1.56]
- Hypertension			0.62 [0.44-0.87]
- Diabetes			0.83 [0.52-1.32]
- Hyperlipidemia			1.35 [0.89-2.05]
Variance between MDC (SE)	0.32 (0.19)	0.34 (0.19)	0.34 (0.2)
ICC (SE)	0.03 (0.03)	0.03 (0.04)	0.03 (0.04)
CV/CVD : CardioVascular Disease ; MDC : Medical Dispatch Center ; ICC : Intraclass Correlation Coefficient			
- Diabetes	102 (12%)	31 (15%)	0.25
- Hypertension	285 (35%)	87 (43%)	0.026
- Hyperlipidemia	195 (23%)	38 (19%)	0.149
Distance from MICU ¹	16 ± 11	16 ± 11	0.96

CVD : Cardio-vascular Disease (Coronary disease, cerebral stroke and arteriopathy)

¹ : Distance from MICU to patient. 254 missing values

Discussion (1)

9

- Population et mortalité similaire études Européennes
- Augmentation taux non optimaux +++
- FDR et ATCD : facteurs logiques d'attention
- Sexe féminin?!