ГОРЕЩИ ТОЧКИ В СЪВРЕМЕННОТО ЛЕЧЕНИЕ НА ПАЦИЕНТИТЕ С ОКС

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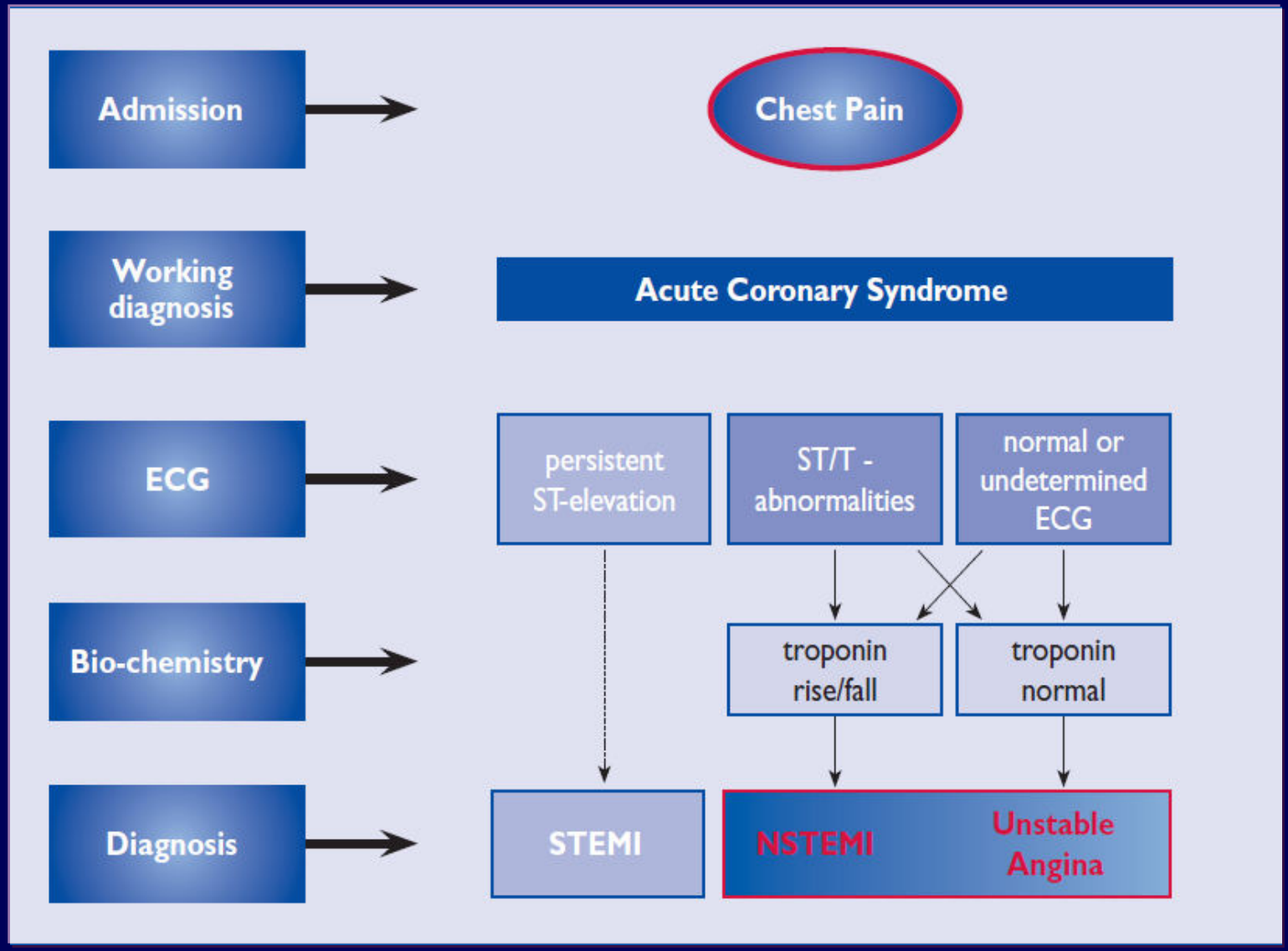
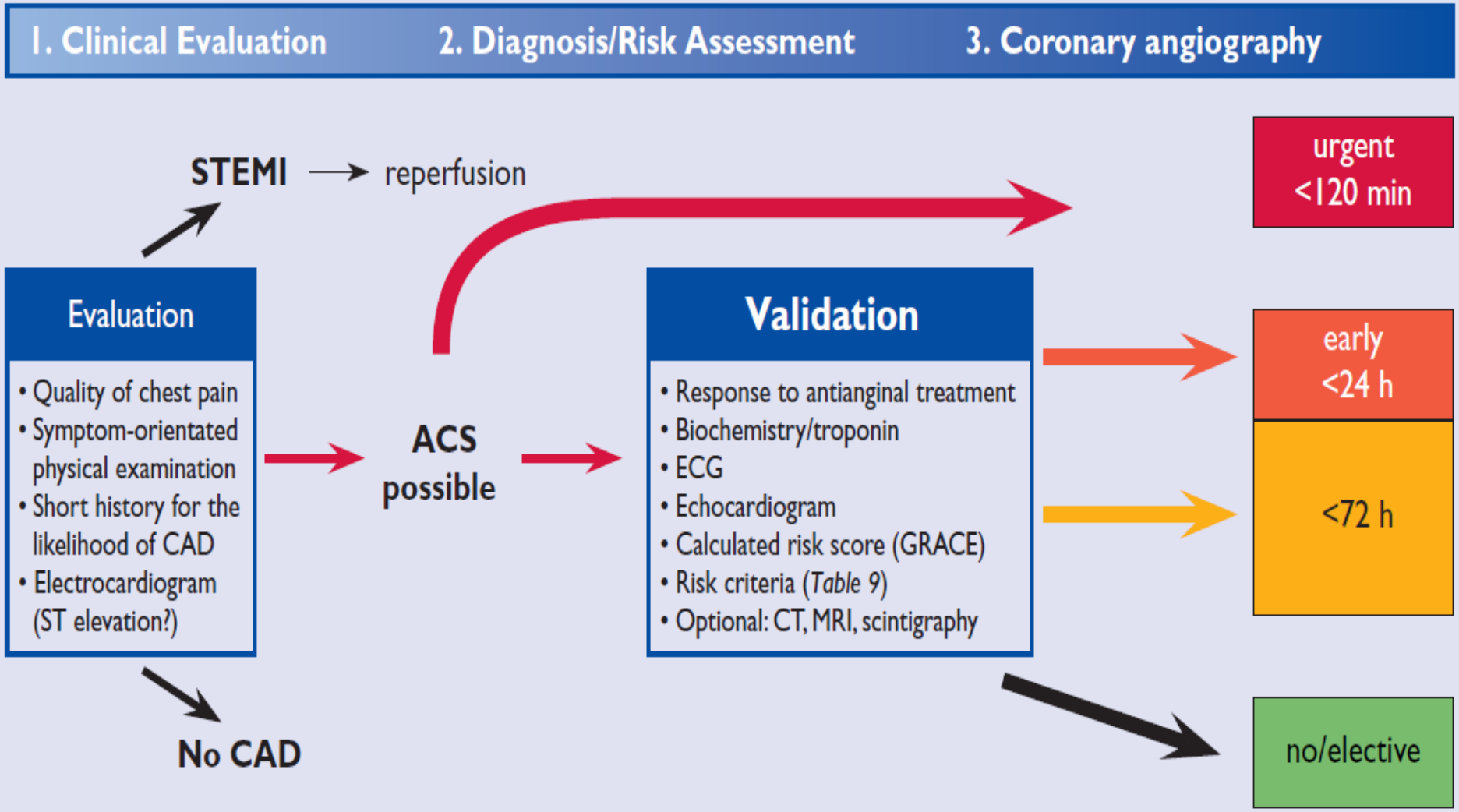
Спектър на острия коронарен синдром



Hamm CW et al. *Eur Heart J.* 2011;32:2999-3054.

Алгоритъм на поведение при ОКС



Hamm CW et al. *Eur Heart J*. 2011;32:2999-3054

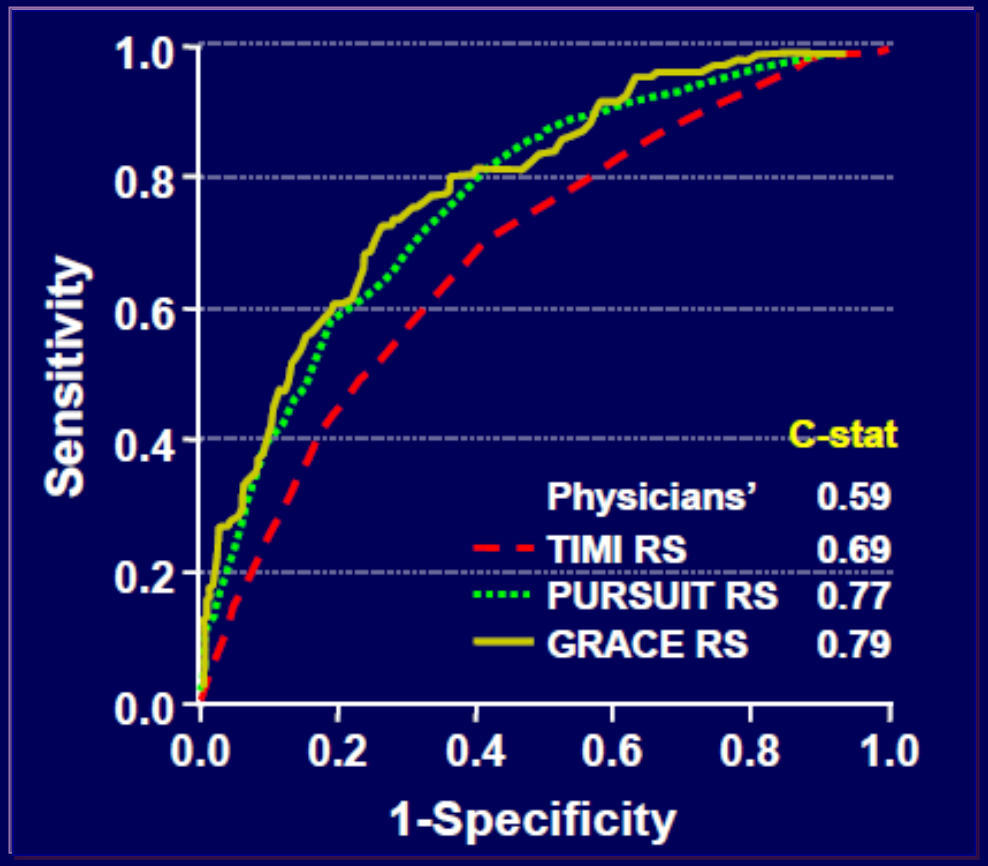
Прогностична рискова оценка
Клинична vs Рискови скорове

Канадски ОКС Регистър II (n=1728)

Клинична оценка

- Преглед
- ЕКГ
- Биомаркери
- ЕхоКГ
- Коронарна анатомия

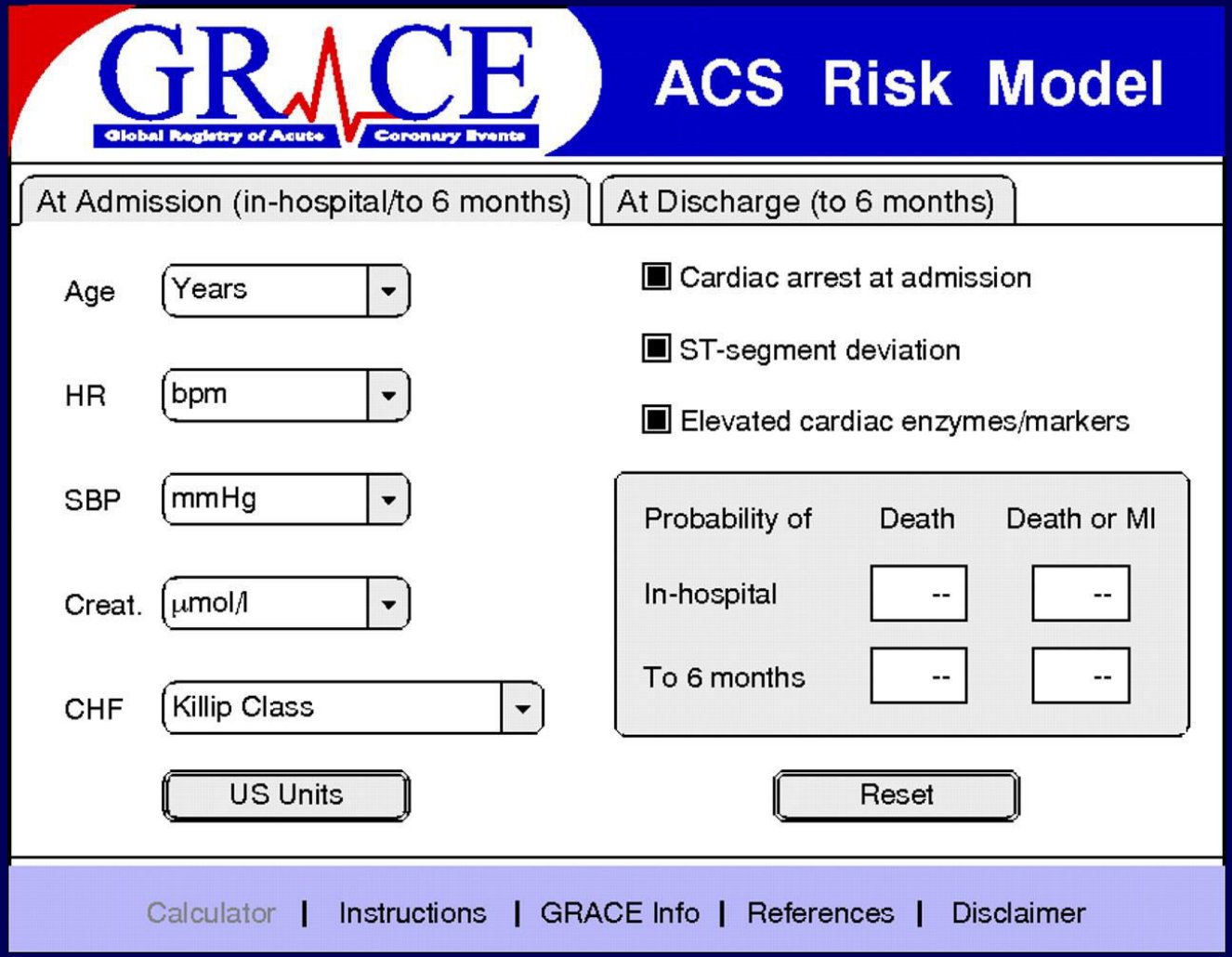
Едногодишна смъртност



Yan AT. Eur Heart J 2007; 28: 1072-78

Ранна рискова стратификация

GRACE Risk Score



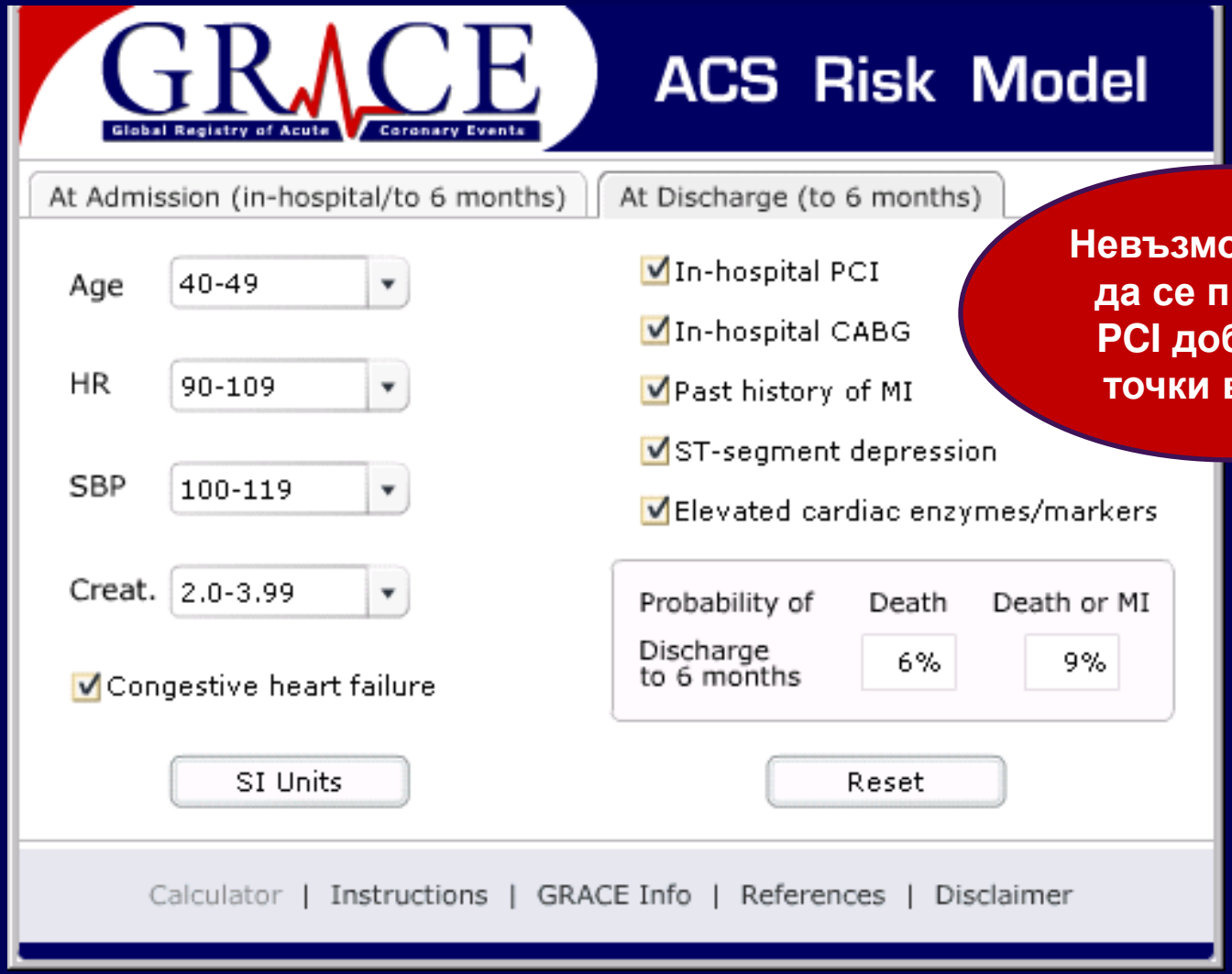
www.outcomes-umassmed.org/grace

Risk category (tertile)	GRACE risk score	In-hospital death (%)
Low	≤108	<1
Intermediate	109–140	1–3
High	>140	>3
Risk category (tertile)	**GRACE risk score**	**Post-discharge to 6-month death (%)**
Low	≤88	<3
Intermediate	89–118	3-8
High	>118	>8

Hamm CW et al. *Eur Heart J*. 2011;32:2999-3054

Рискова стратификация при дехоспитализацията

GRACE Risk Score



Невъзможността да се проведе PCI добавя 14 точки в score

www.outcomes-umassmed.org/grace

CRUSADE score of in-Hospital major bleeding

Predictor	Score
Baseline haematocrit, %	
< 31	9
31-33.9	7
34-36.9	3
37-39.9	2
≥ 40	0
Creatinine clearance, mL/min	
≤ 15	39
> 15-30	35
> 30-60	28
> 60-90	17
> 90-120	7
> 120	0

Predictor	Score
Heart rate (b.p.m.)	
≤ 70	0
71-80	1
81-90	3
91-100	6
101-110	8
111-120	10
≥ 121	11
Sex	
Male	0
Female	8
Signs of CHF at presentation	
No	0
Yes	7

Predictor	Score
Prior vascular disease	
No	0
Yes	6
Diabetes mellitus	
No	0
Yes	6
Systolic blood pressure, mmHg	
≤ 90	10
91-100	8
101-120	5
121-180	1
181-200	3
≥ 201	5

www.crusadebleedingscore.org

European Heart Journal (2011) 32:2999–3054
doi:10.1093/eurheartj/ehr236

www.escardio.org/guidelines

EUROPEAN SOCIETY OF CARDIOLOGY®

Време на осъществяване на коронарната интервенция - TIMACS

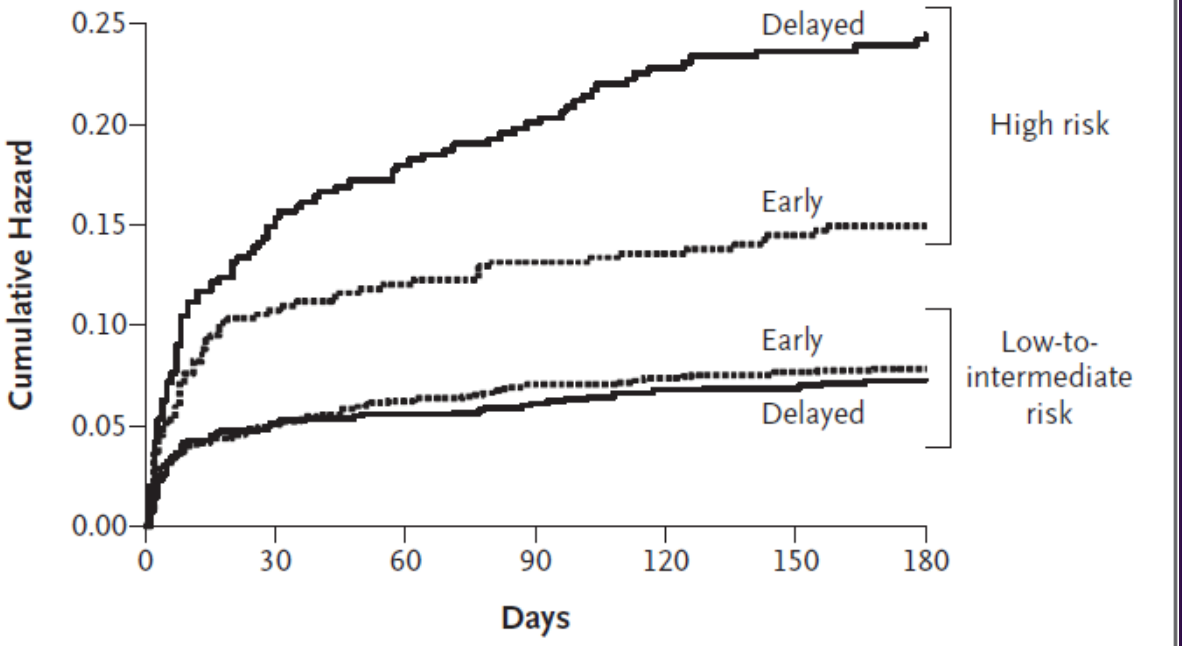


Figure 3. Kaplan–Meier Cumulative Risk of the Primary Outcome, Stratified According to GRACE Risk Score at Baseline.

Patients who had a risk score of more than 140 on the Global Registry of Acute Coronary Events (GRACE) scale (high risk) benefited more from early intervention than did patients with a score of 140 or less (low-to-intermediate risk) with respect to the composite primary outcome of death, myocardial infarction, or stroke.

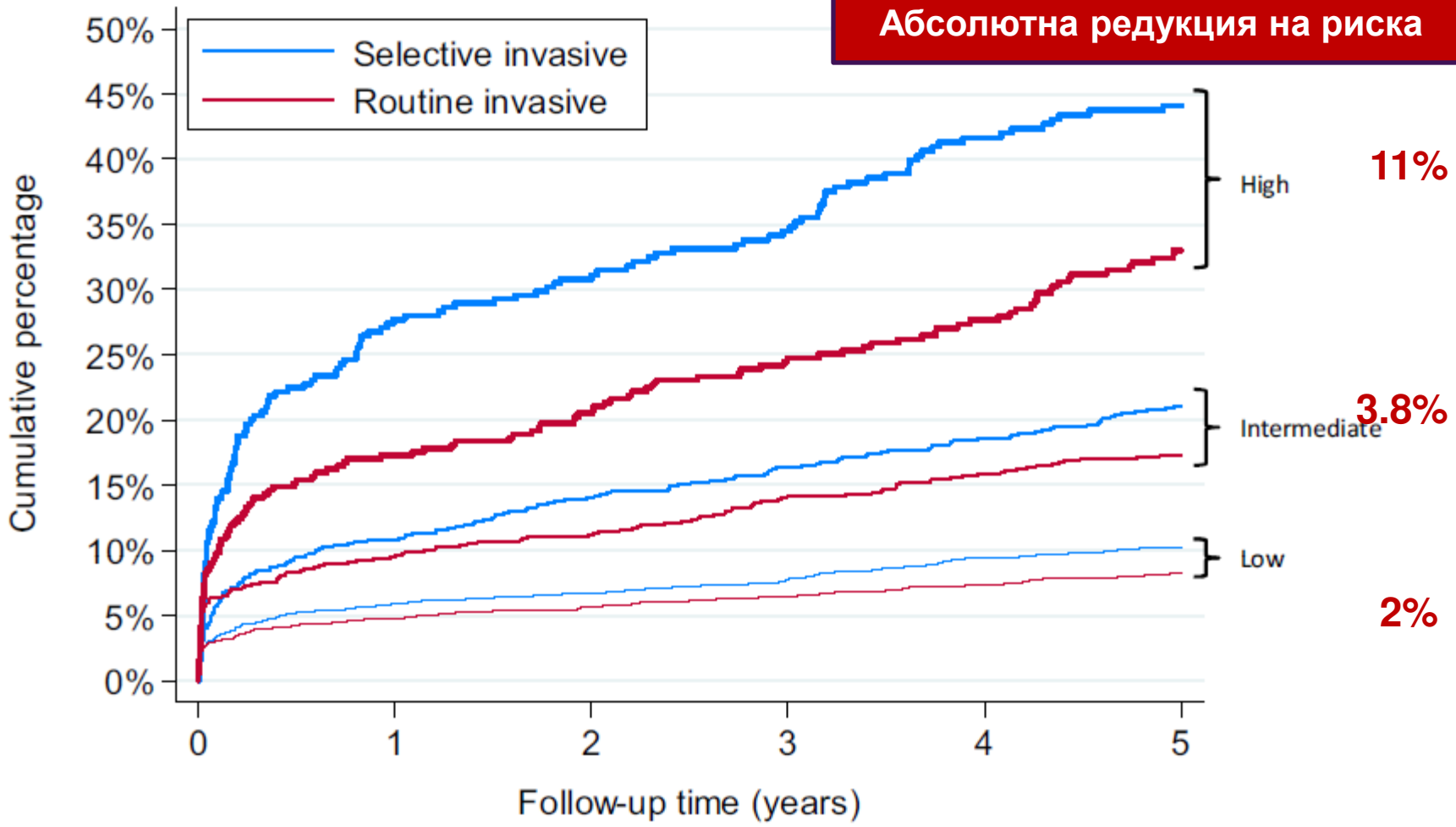
GRACE>140

Mehta et all. N Engl J Med 2009;360:2165-75

Long-Term Outcome of a Routine Versus Selective Invasive Strategy in Patients With Non–ST-Segment Elevation Acute Coronary Syndrome

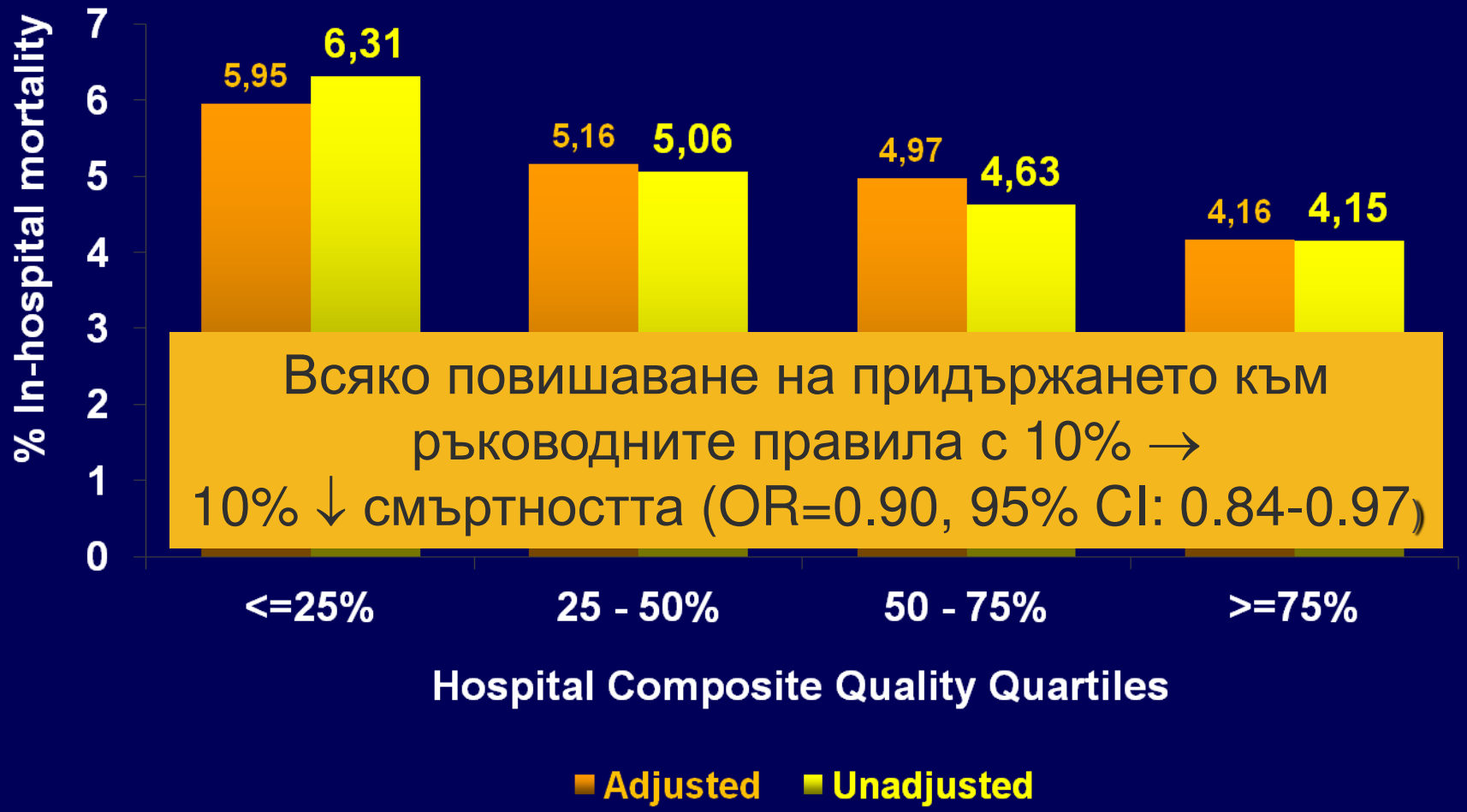
A Meta-Analysis of Individual Patient Data

Абсолютна редукция на риска

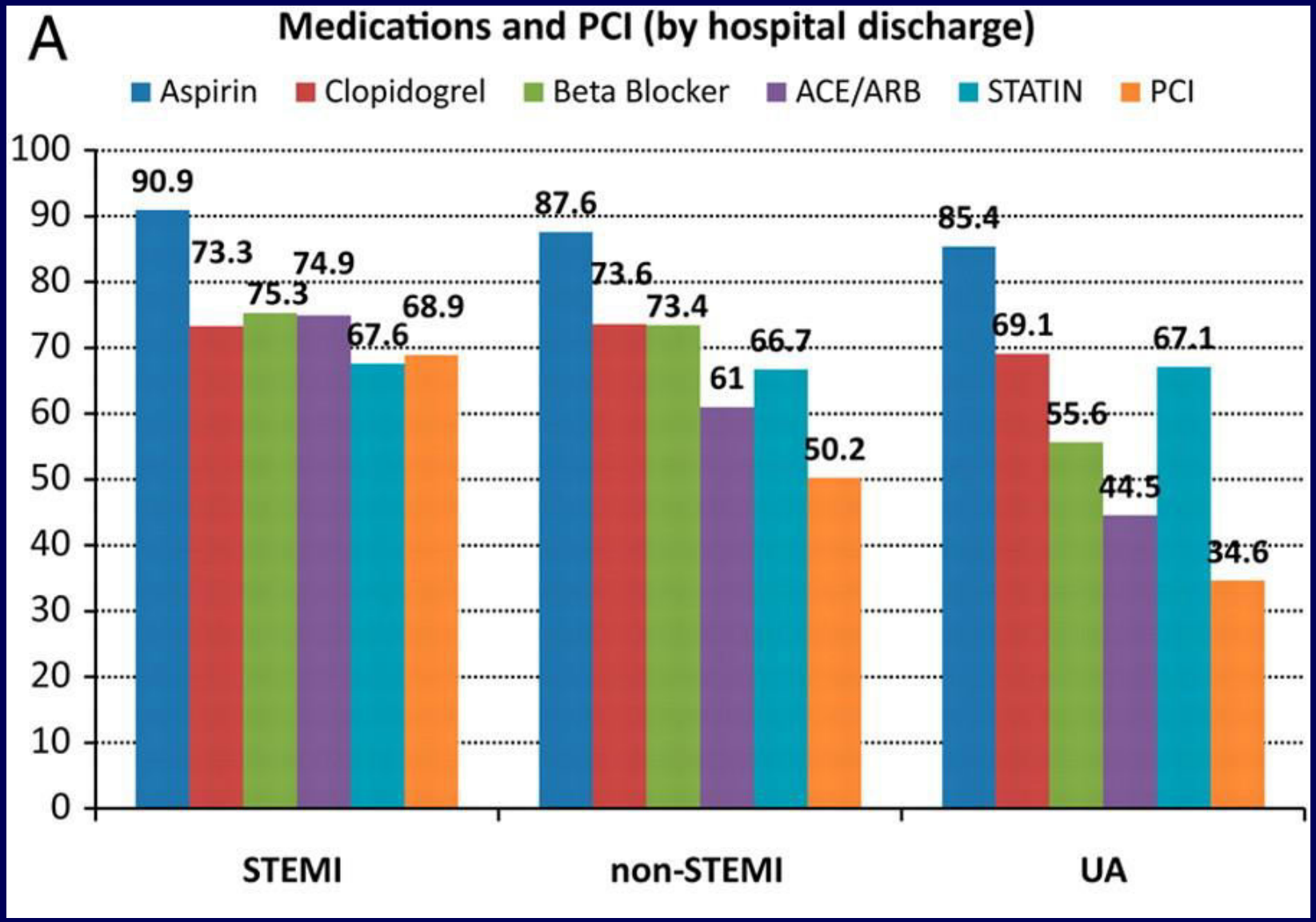


Fox et all. J Am Coll Cardiol 2010;55:2435–45

Връзка между степен на придържане към препоръките и риск от смърт



Peterson et al, JAMA 2006;295:1863-1912



Fox K A et al. Eur Heart J 2010;31:2755-2764

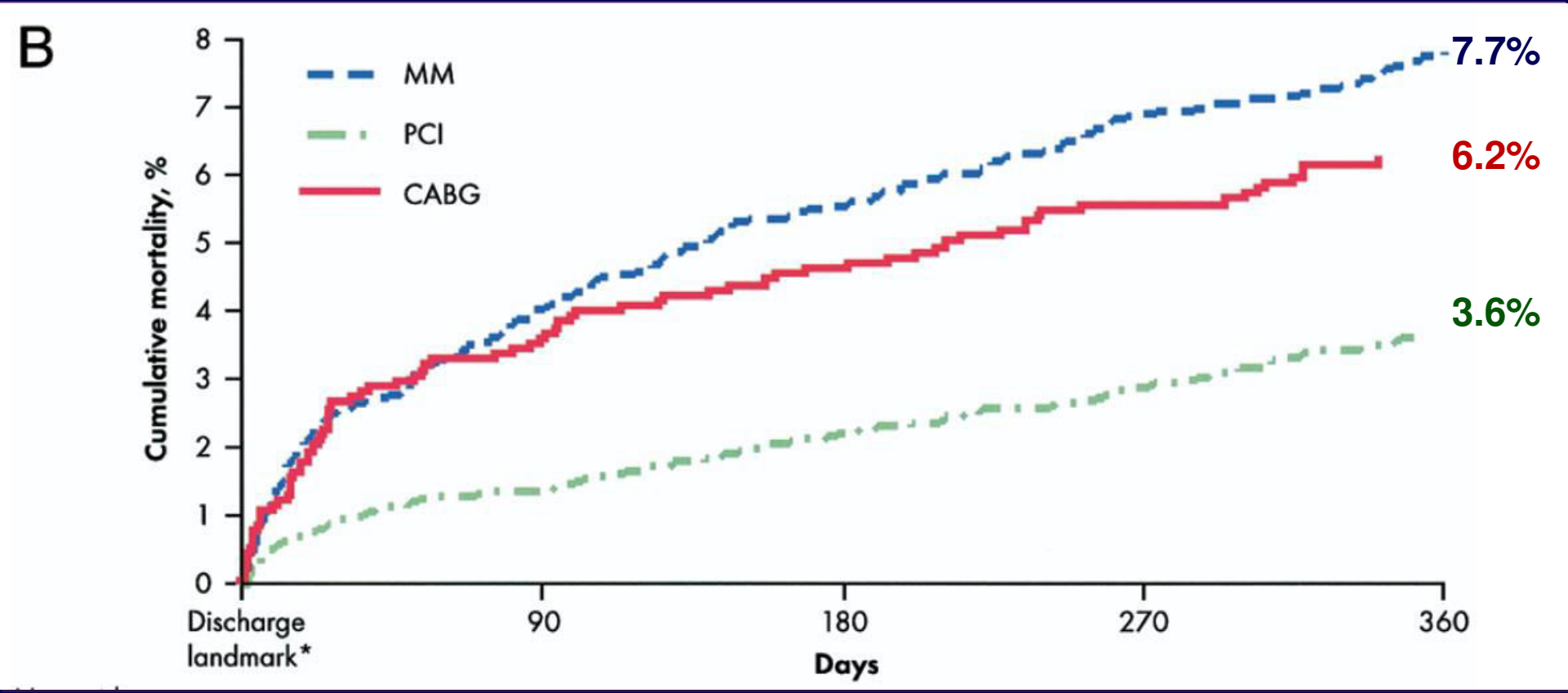
Предиктори за избор на медикаментозна стратегия

Table 4. Independent Predictors of Conservative Medical Management

Predictor	Odds Ratio
History of prior CABG	1.44
Body weight per 10 kg decrease	1.10
MI from randomization to time of catheterization	0.21
3-vessel disease	1.33
Non-U.S. site	1.69
History of prior heart failure	1.48
Time from symptom onset to presentation (per hour increase)	1.01
Black race	1.42
Killip class II–IV	1.33
History of prior MI	1.22
Diabetes mellitus	1.15
Age (per 10-yr increase)	1.07

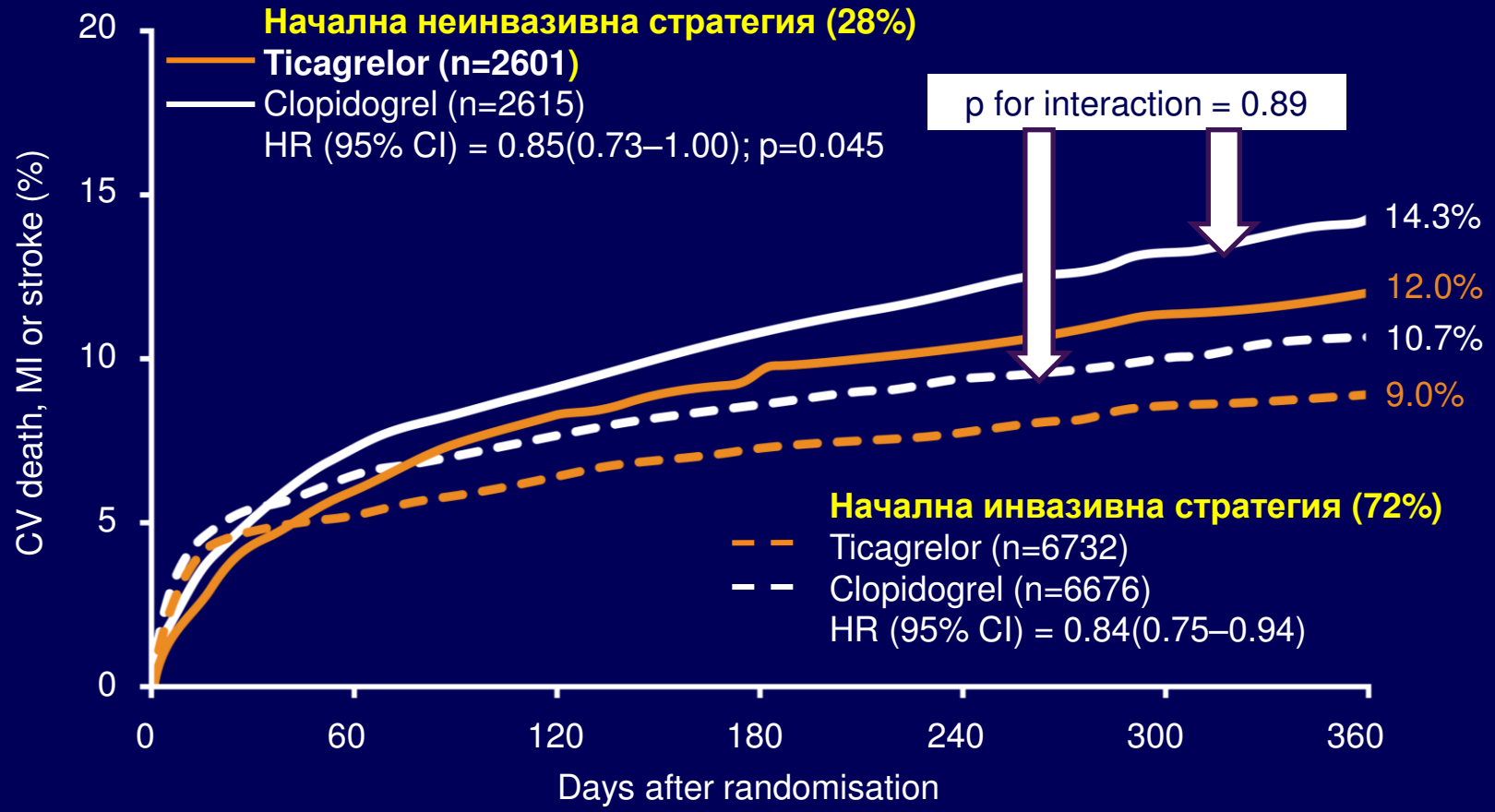
Chan et all. J Am Coll Cardiol Intv 2008;1:369 –78

Едногодишна смъртност след дехоспитализацията



Chan et all. J Am Coll Cardiol Intv 2008;1:369 –78

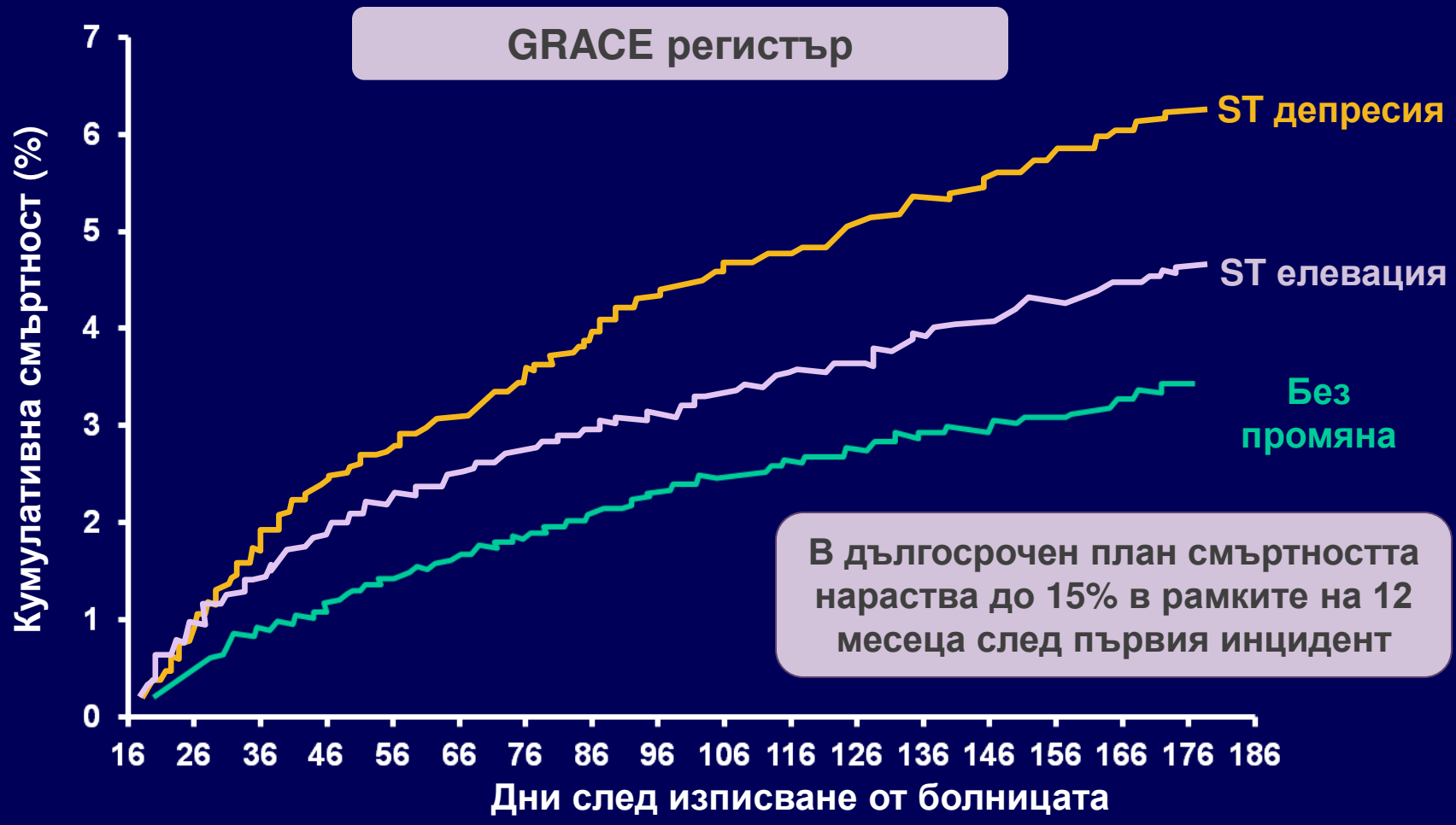
Първична крайна точка в PLATO в зависимост от типа приложена стратегия



CI, confidence interval; CV, cardiovascular; HR, hazard ratio; MI, myocardial infarction; NSTEMI, non-ST-segment elevated MI; UA, unstable angina.

James S, et al. *BMJ* 2011;342:d3527.

Независимо от клиничната изява на ОКС, смъртността след изписване от болница остава твърде висока...



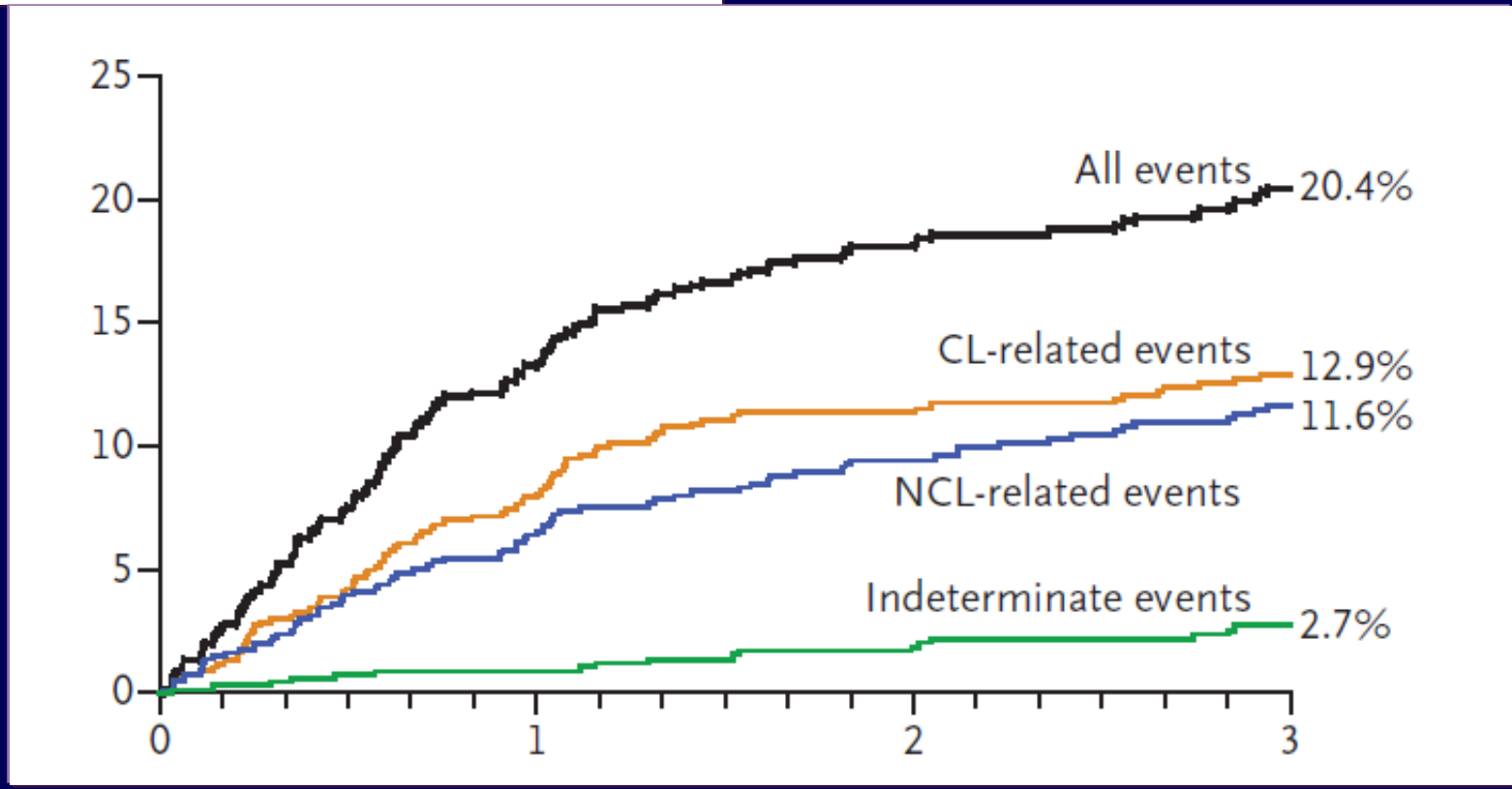
Резултатите се основават на данните от Global Registry of Acute Coronary Events (GRACE)

Fox KAA, et al. *Nat Clin Pract Cardiovasc Med.* 2008;5:580–589.
Tang EW, et al. *Am Heart J.* 2007;153:29–35

ORIGINAL ARTICLE

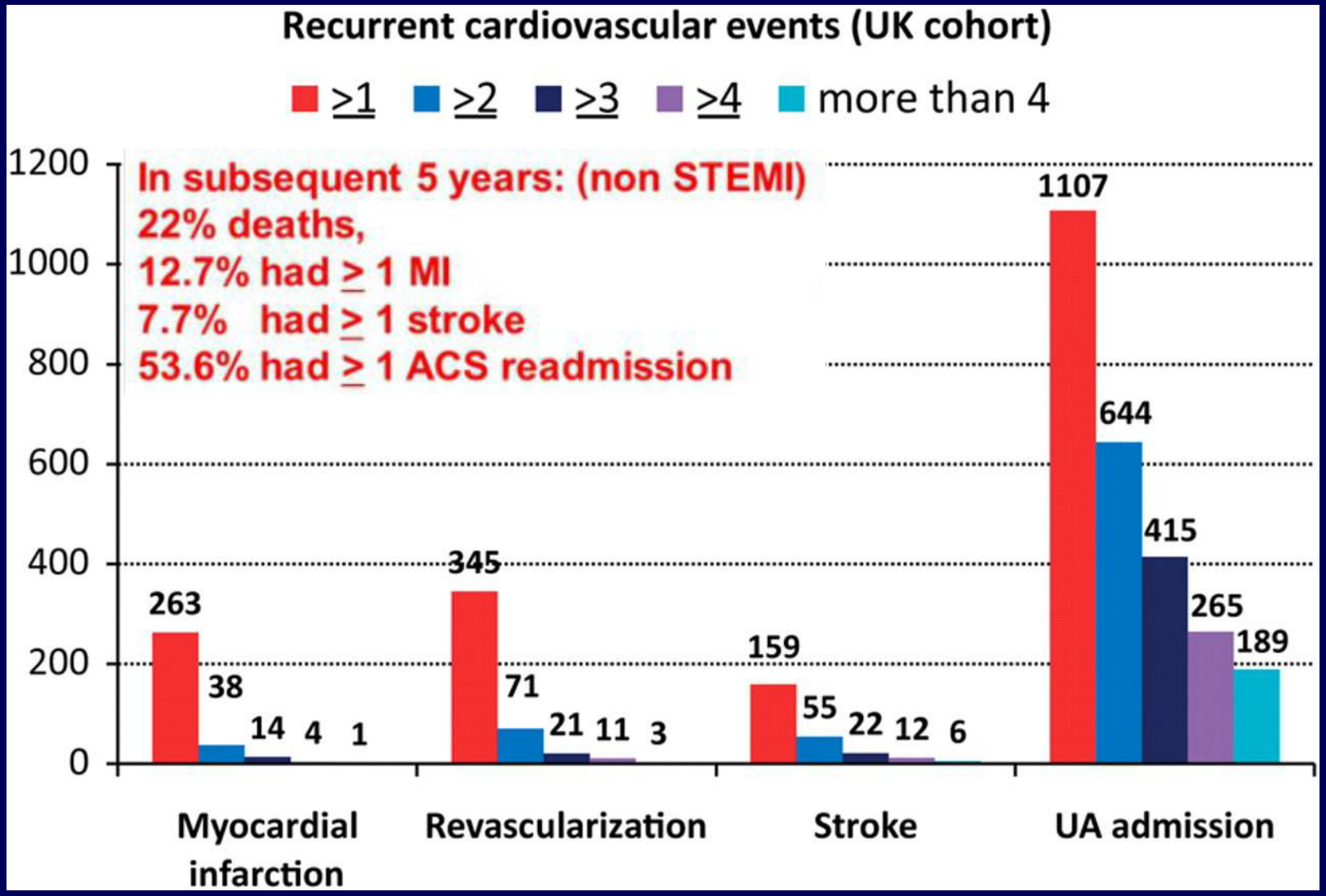
A Prospective Natural-History Study of Coronary Atherosclerosis

Gregg W. Stone, M.D., Akiko Maehara, M.D., Alexandra J. Lansky, M.D., Bernard de Bruyne, M.D., Ecaterina Cristea, M.D., Gary S. Mintz, M.D., Roxana Mehran, M.D., John McPherson, M.D., Naim Farhat, M.D., Steven P. Marso, M.D., Helen Parise, Sc.D., Barry Templin, M.B.A., Roseann White, M.A., Zhen Zhang, Ph.D., and Patrick W. Serruys, M.D., Ph.D., for the PROSPECT Investigators*



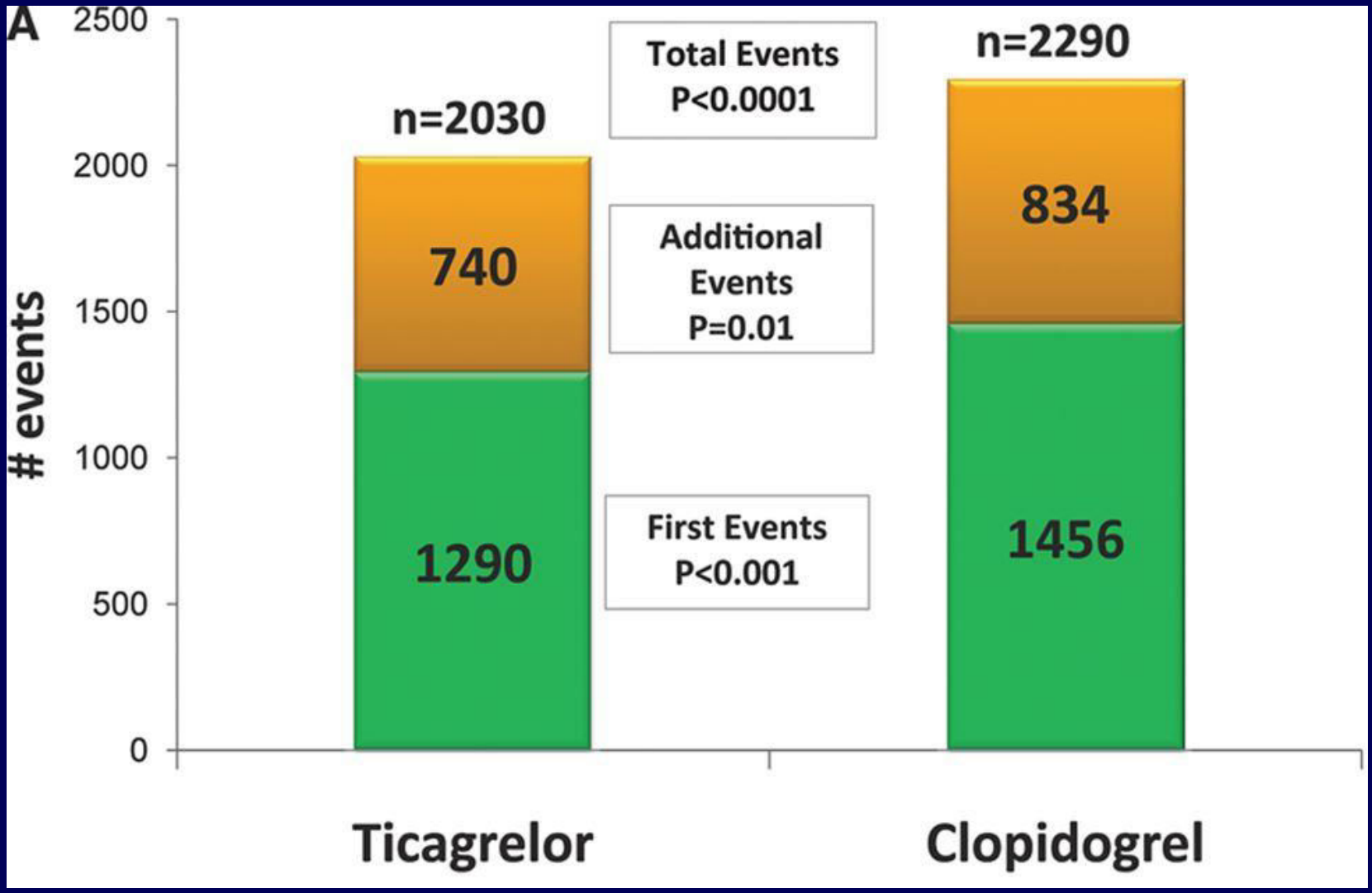
Stone et all. N Engl J Med 2011;364:226-35

Рекурентни сърдечно-съдови инциденти в хода на проследяването



Fox K A et al. Eur Heart J 2010;31:2755-2764

Първи, последващ и общ брой исхемични инциденти
CVD/MI/Stroke/SRI/RI/TIA/ATE



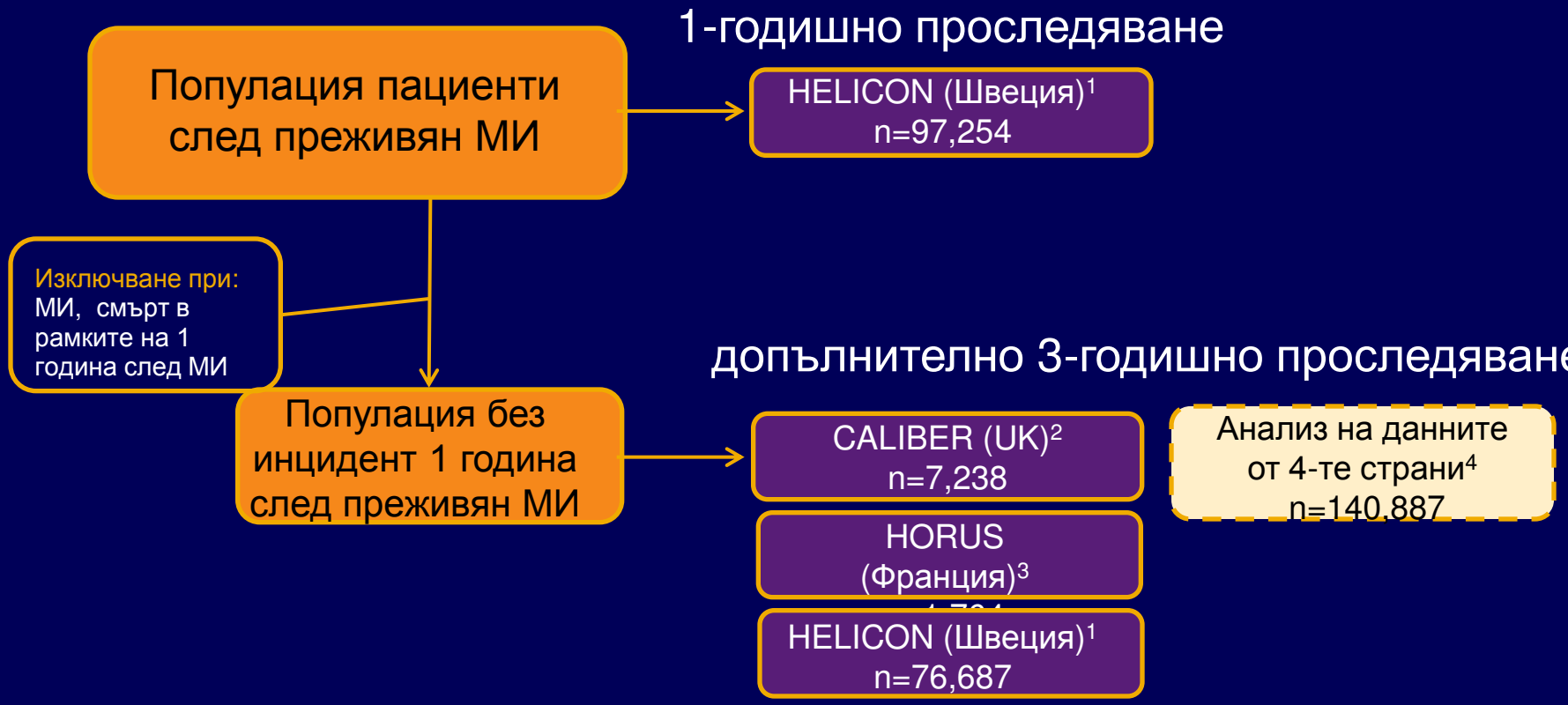
Kohli P et al. Circulation 2013;127:673-680

Динамичен TIMI рисков скор за STEMI

	Points
Baseline TIMI risk score for STEMI	**0 to 14 possible points**
Age, y	
65 to 74	2
>75	3
DM/HTN/angina	1
Systolic blood pressure <100 mm Hg	3
Heart rate >100	2
Killip class II to IV	2
Weight <67 kg	1
Anterior STE or LBBB	1
Time to rx >4 hours	1
Added index hospital events for dynamic score	
Recurrent MI	1
Stroke	5
Major bleed	1
CHF/shock	3
Arrhythmia	2
Renal failure	3
Dynamic TIMI risk score	**0 to 29 possible points**

Amin ST, et al *J Am Heart Assoc*. 2013;2:e003269

APOLLO: Дизайн на отделните анализи

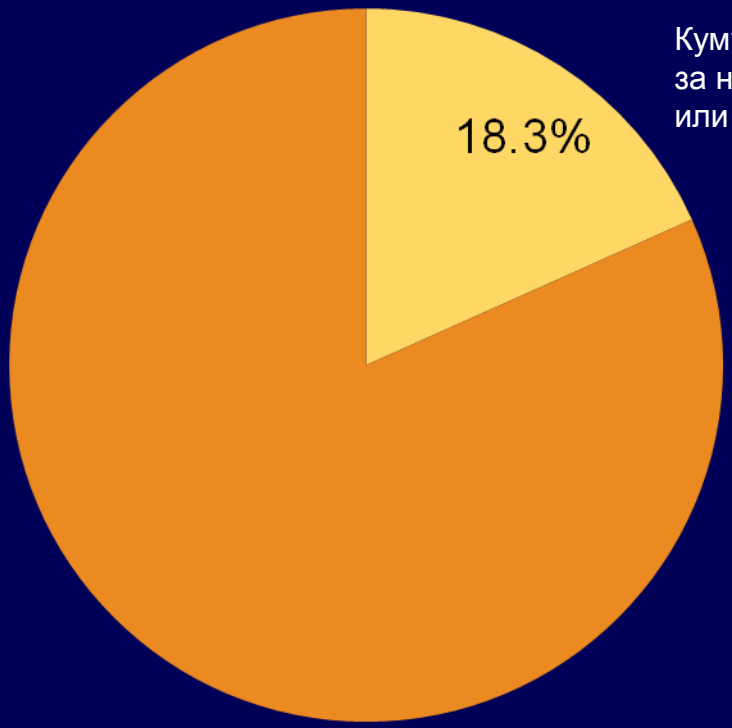


MI, myocardial infarction.

1. Jernberg, T. et al. Eur Heart J 2015: doi:10.1093/eurheartj/ehu505; 2. Rapsomaniki E *et al.* Eur Heart J 2014; 35(Suppl 1):363 (Abstract P2077); 3. Blin P *et al.* Eur Heart J 2014;35(Suppl 1):150 (Abstract P790); 4. Rapsomaniki E *et al.* ESC Late Breaking Registry presentation 2014.

~1 от 5 пациента ще получи повторен СС- инцидент в рамките на първата година след МИ

APOLLO **HELICON** Шведски анализ
Пациенти, преживели МИ (n=97,254)[Jernberg 2014]

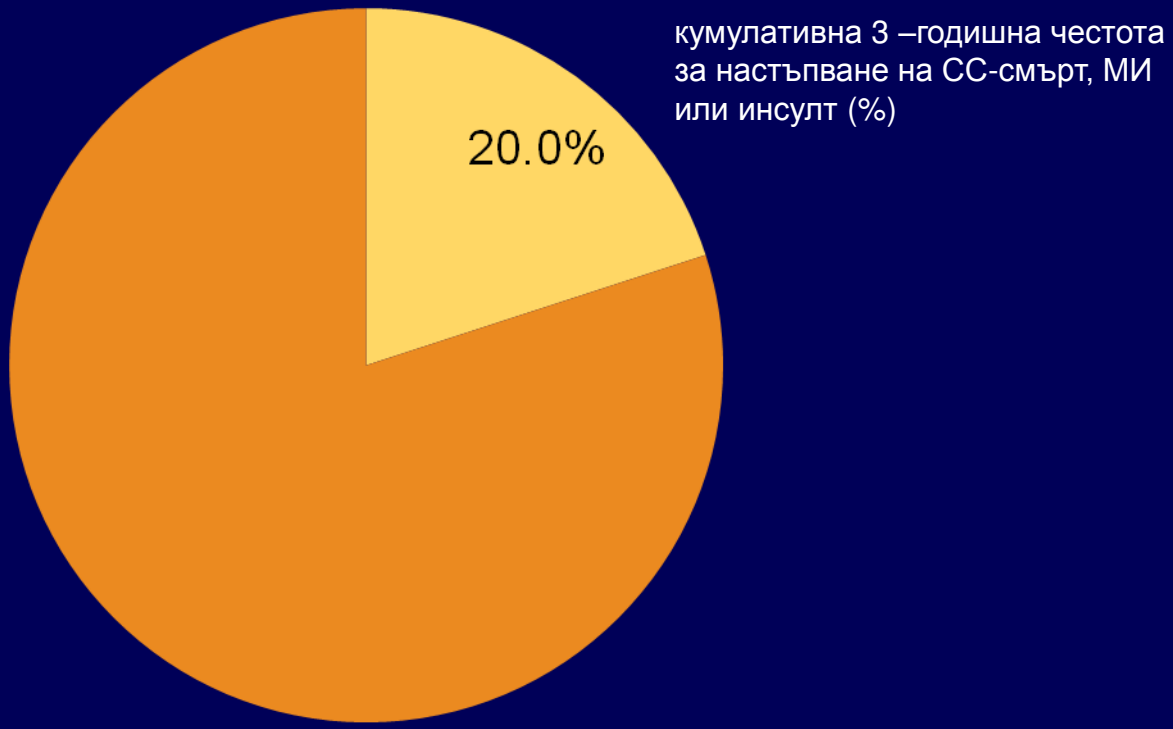


Кумулативна 1-годишна честота за настъпване на СС-смърт, МИ или инсулт (%)

CV, cardiovascular; MI, myocardial infarction.
Jernberg, T. et al. Eur Heart J 2015: doi:10.1093/eurheartj/ehu505

1 от 5 пациента без инцидент през първата година след преживян МИ, ще има нов СС инцидент в рамките на 3 години

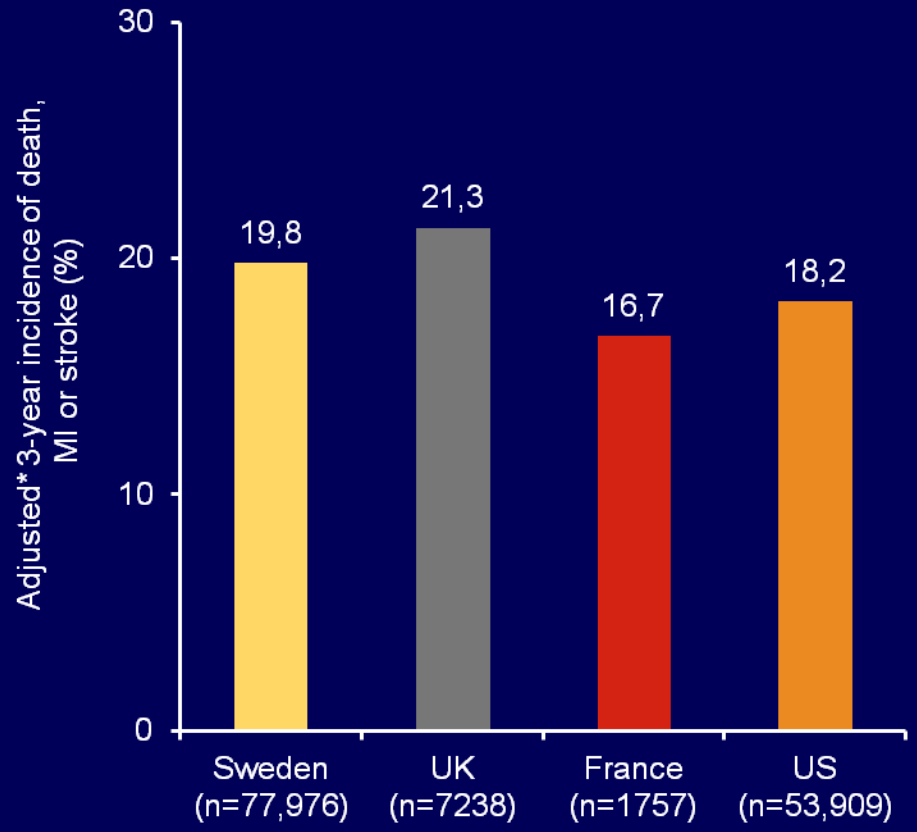
APOLLO HELICON шведски анализ
Пациенти, преживели МИ без повторен инцидент през първата година (n=76,687)[Jernberg 2014]

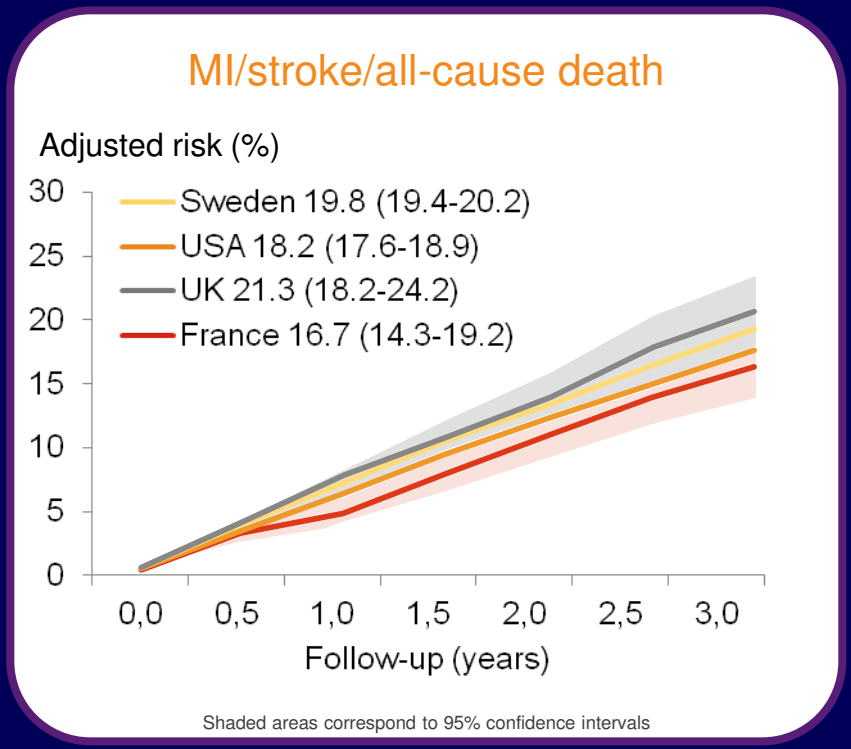


CV, cardiovascular; MI, myocardial infarction.
Jernberg, T. et al. Eur Heart J 2015: doi:10.1093/eurheartj/ehu505

1 от 5 пациента без инцидент през първата година след преживян МИ, ще има нов СС инцидент в рамките на 3 години

APOLLO общ анализ 4 страни: наблюдавана честота



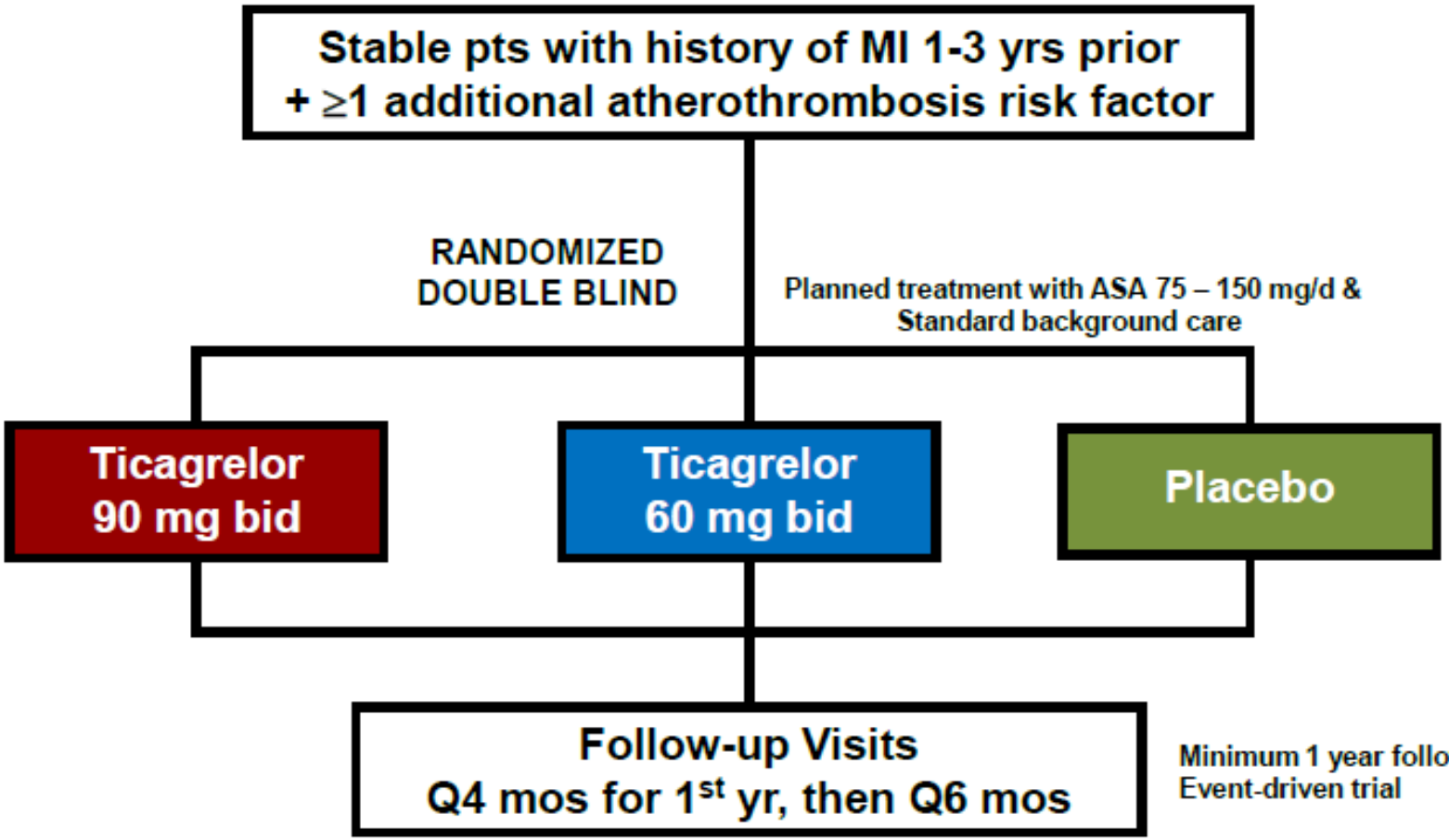


MI, myocardial infarction.

*Adjusted for differences in study populations; MI, myocardial infarction. Shaded areas / figures in brackets [95%CI]

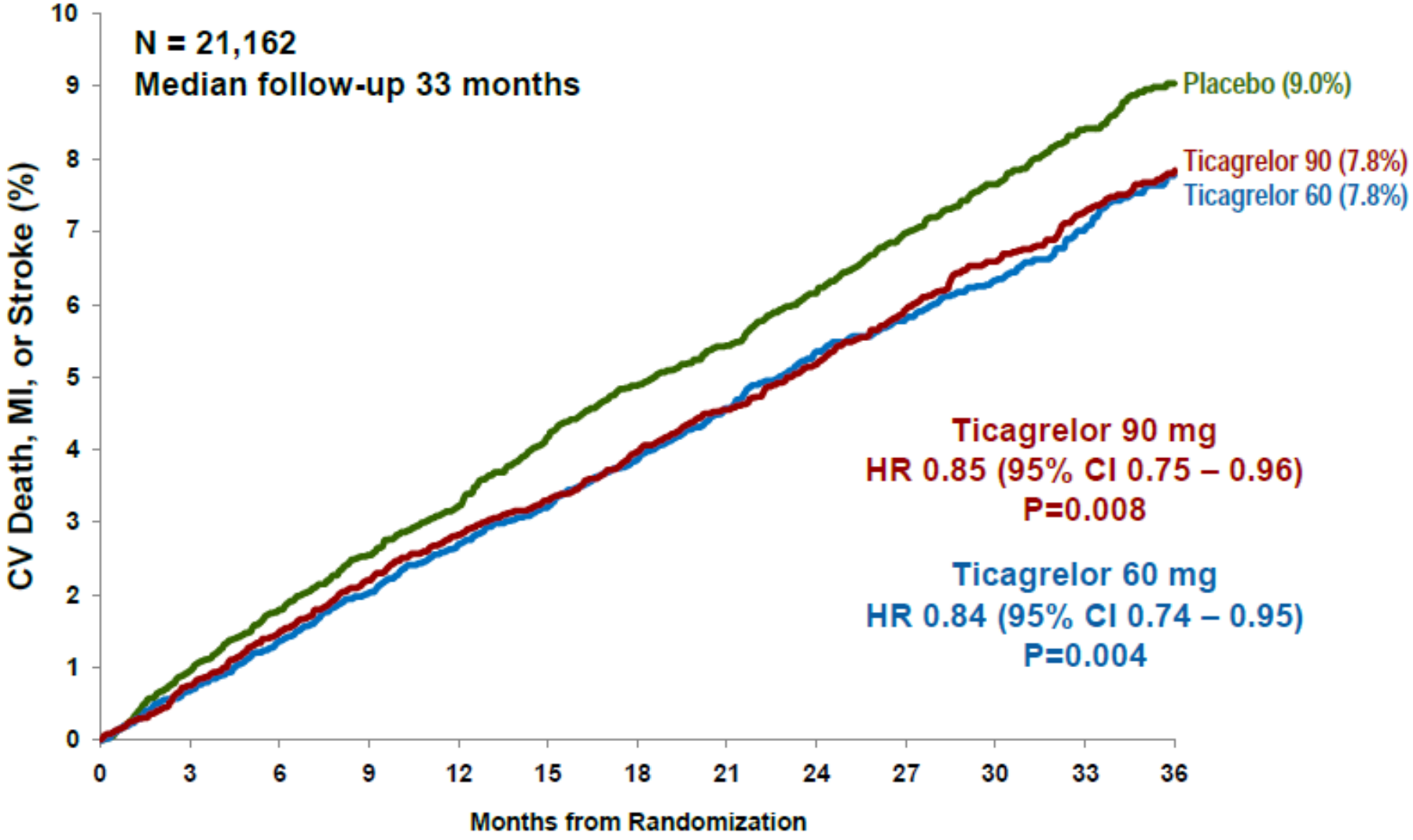
1. Rapsomaniki E *et al.* ESC Late Breaking Registry presentation 2014.

Trial Design

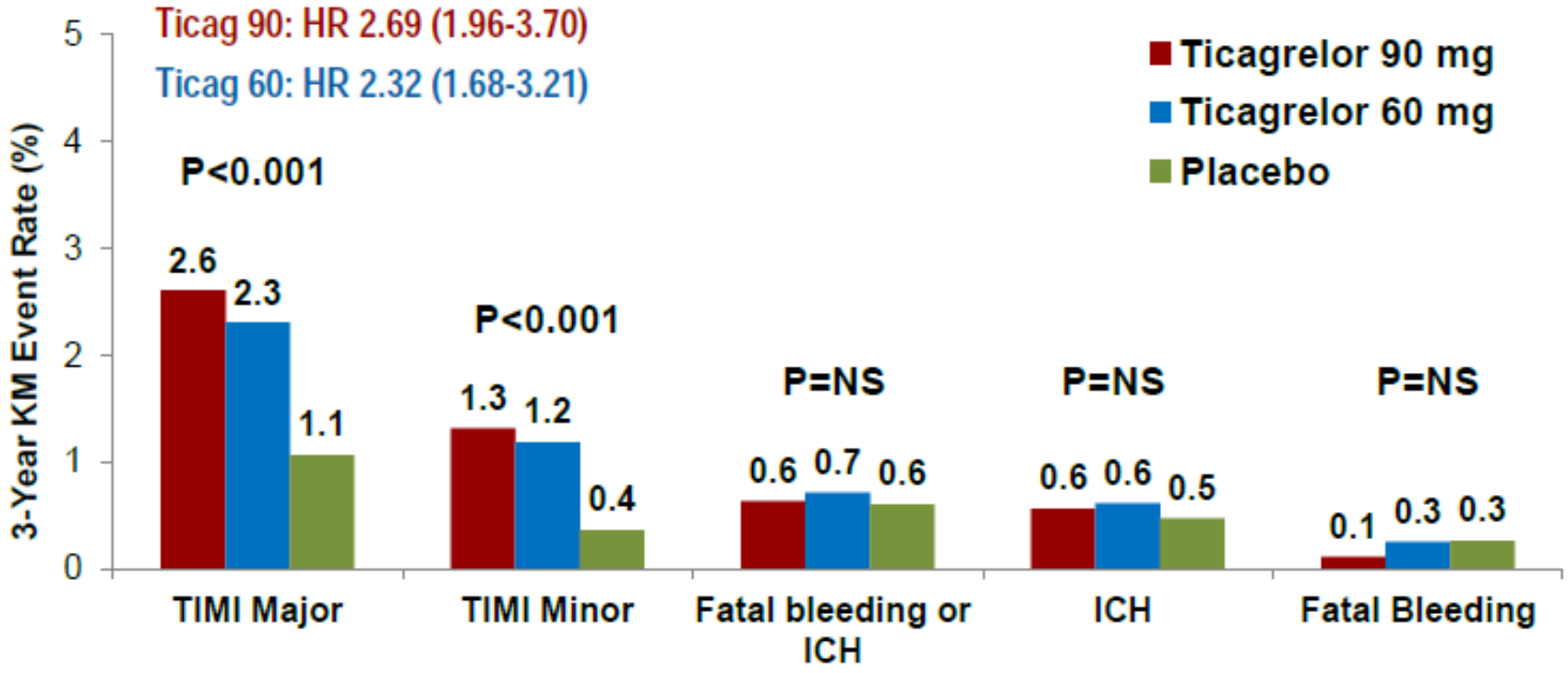


Bonaca MP et al. *Am Heart J* 2014;167:437-44

Primary Endpoint



Bleeding


Ticag 90: HR 2.69 (1.96-3.70)
Ticag 60: HR 2.32 (1.68-3.21)
Ticagrelor 90 mg
Ticagrelor 60 mg
Placebo
3-Year KM Event Rate (%)
0
1
2
3
4
5
P<0.001
2.6
2.3
1.1
P<0.001
1.3
1.2
0.4
P=NS
0.6
0.7
0.6
P=NS
0.6
0.6
0.5
P=NS
0.1
0.3
0.3
TIMI Major
TIMI Minor
Fatal bleeding or ICH
ICH
Fatal Bleeding

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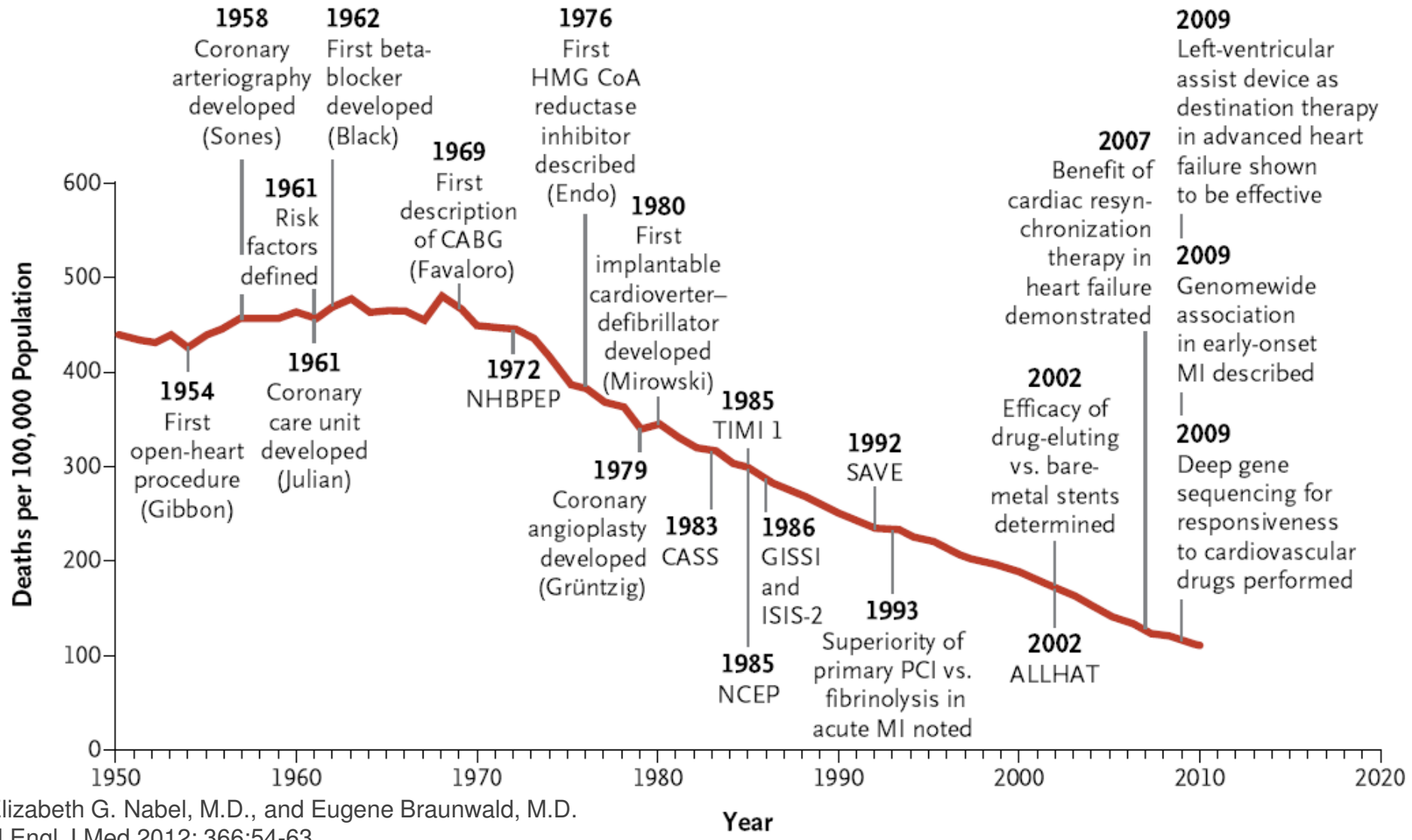

Elizabeth G. Nabel, M.D., and Eugene Braunwald, M.D.
N Engl J Med 2012; 366:54-63