Age and gender standardised cardiovascular mortality per 1,000 inhabitants
Crude cardiovascular mortality per 1,000 inhabitants
ACUTE CORONARY SYNDROMES: NUMBER OF PATIENTS ENROLLED
PERCENTAGE REPERFUSION THERAPY IN MYOCARDIAL INFARCTION
PERCENTAGE PRIMARY PCI AMONG PATIENTS RECEIVING REPERFUSION THERAPY
Time from emergency room to start of fibrinolytic therapy
Antiplatelet therapy at hospital discharge in Acute Coronary Syndromes
Beta-blocker therapy at hospital discharge in Acute Coronary Syndromes
Lipid lowering therapy at hospital discharge in Acute Coronary Syndromes
30-day mortality in myocardial infarction admitted with ST-elevation
30-day mortality in Acute Coronary Syndromes admitted without ST-elevation

Country
Acute Reperfusion of STEMI Development 1994-2002

p<0.001 for trend

n=36523

MITRA, ACOS, MIR 1
Adjunctive Tx for STEMI
- Acute Phase -
Combination Therapy (Number of Drugs)

Antiplatelet / BB / ACE-I / Statin

n=36523

\( p < 0.001 \) for trend

No of Drugs

MITRA, ACOS, MIR 1
Hospital Mortality of STEMI Development 1994-2002

p<0.001 for trend

n=36523
Variability in use of diagnostic studies in Non ST Elevation Acute Coronary Syndromes

- **Average use**

- Troponins
- Lipid profile
- Echo
- Non-invasive test
- Early Cath
- PCI
- CABG

DESCARTES
Variability in treatment in Non ST Elevation Acute Coronary Syndromes

* In patients with indication
Variability in treatment in ST Elevation Myocardial Infarction

- Fibrinolysis
- Primary perfusion
- ASA
- B-blockers
- ACE-I
- Lipid-lowering
Median (95% confidence interval) time from emergency room to start of fibrinolytic therapy. Swedish Registry 2002.
30-day mortality in myocardial infarction
Swedish Registry 2002
STABLE ANGINA PECTORIS: NUMBER OF PATIENTS ENROLLED

- < 100
- 100 to 200
- 200 to 300
- 300 to 400
- 400 to 500
- > 500
- No data
Medical therapy in patients newly presenting with stable angina pectoris
Anti-anginal drugs per patient in patients with newly presenting stable angina pectoris by European region
DIABETES AND THE HEART: NUMBER OF PATIENTS ENROLLED
Prevalence of abnormal glucose regulation in patients with *acut*e coronary artery disease.
Prevalence of abnormal glucose regulation in patients with *stable* coronary artery disease
Treatment of patients with stenosis > 50%
GP IIb/IIIa inhibitors in PCI patients

Hospital
1-year mortality in patients with stenosis > 50%
Quality of life after 30 days and 1 year
Euroqol total score

Best possible score

30 days 1 year

PCI  CABG  Non-Invasive
Quality of life after 1 year
Patients indicating problems per treatment group

- Mobility
- Selfcare
- Activity
- Discomfort Pain
- Anxiety Depression

PCI  CABG  Non-Invasive
Time trends in the annual use of PCI numbers per 1 million inhabitants
Time trends in the annual use of CABG numbers per 1 million inhabitants
PCI for ACS
Use of GP IIb/IIIa

%  
45  
40  
35  
30  
25  
20  
15  
10  
5   
0   

GP IIb/IIIa  |  Abciximab  |  Eptifibatide  |  Tirofiban

ns  |  ns  |  ns  |  ns

Diabetics  |  Non-Diabetics
PCI for ACS
Reason for GP IIb/IIIa-Use
Statement of the Interventional Cardiologist

- ACS: p<0.001
- Pt considered high risk: p<0.001
- Difficult PCI: ns
- Others: ns

Diabetics vs Non-Diabetics
Determinants of GP IIb/IIIa in PCI for ACS
Multivariate Analysis

- Card Shock
- Multivessel PCI
- Stenting
- Male Gender
- Diabetes
- Prior CABG
- Heart Failure
- Hypertension
- Prior MI
- Prior PCI
- Age > 70 y
- Prior Stroke

Contra GP IIb/IIIa  <OR>  Pro GP IIb/IIIa

0  0.5  1  1.5  2  2.5
ACE-Inhibitor therapy at hospital discharge

%
VALVULAR HEART DISEASE: NUMBER OF PATIENTS ENROLLED
Distribution of mechanical and bioprostheses according to age in patients operated on for aortic stenosis.
Comparison of the indications retained for intervention and the current guidelines in asymptomatic patients
Antibiotic prophylaxis prior to infective endocarditis
Education on anti-coagulation
ADULT CONGENITAL HEART DISEASE: NUMBER OF PATIENTS ENROLLED
575 operated patients

Indication?

Angiography?

+ 208

- 367

+ 116

- 92

+ 55

- 312

Under use angio

Over use angio?
VSD

363 not closed at inclusion

Indication?  
+ 81  

Operated?  
- 282  
+ 39  
- 42  
+ 2  
- 280

Valid reason?  
+ 36  
- 6  
- 2

Under-treatment  
Over-treatment
Time trends in the use of Pacemakers
numbers per 1 million inhabitants per year
Time trends in the use of Implantable Cardioverter Defibrillators
numbers per 1 million inhabitants per year
No other cardiovascular disease by type of atrial fibrillation
Anticoagulation therapy in atrial fibrillation
Anticoagulation therapy at discharge by type of atrial fibrillation

%}

First detected  Paroxysmal  Persistent  Permanent

0  20  40  60  80  100
Electrical cardioversion by type of atrial fibrillation

- First detected
- Paroxysmal
- Persistent
Pharmacological conversion by type of atrial fibrillation