

## Applying the evidence in acute coronary syndromes: a report card from the Global Registry of Acute Coronary Events

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**Background:** Significant advances have been made in the past decade in the treatment of patients with ACS, but many of these advances have not been integrated into routine clinical practice. The aim of this study was to accurately measure the use of evidence-based treatments for ACS from a multinational perspective using data from the GRACE study.

**Methods and results:** A total of 8213 patients with ACS were enrolled, and 7664 had a discharge diagnosis of ACS. Of these, 4773 patients had an AMI. Use of the following five evidence-based therapies was investigated: aspirin post-ACS for patients without serious bleeding and not on warfarin or another AP therapy; beta-blockers for patients post-MI without atrioventricular block or severe heart failure; ACE inhibitors for patients post-MI with CHF or reduced ejection fraction and without shock or renal insufficiency; reperfusion therapy for patients with STEMI or LBBB who present within 12 hours of the onset of symptoms and without clear contraindication; and either LMWH or intravenous GP IIb/IIIa inhibitors for patients with ST depression or positive cardiac markers.

**Conclusion:** The data from this broad and representative population of patients with ACS reveal that the use of evidence-based therapies ranges from 56–93%, therefore leaving substantial room for improvement (Figure).

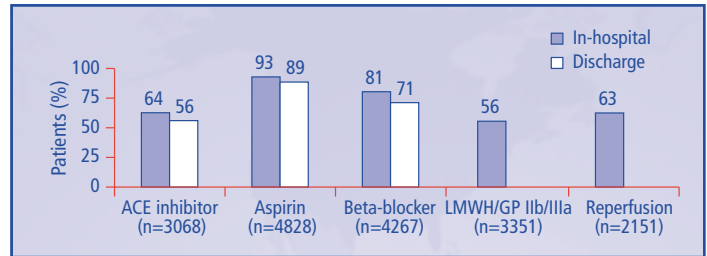


Figure. In-hospital management of patients with ACS (\*P<0.01)