

# MACSTRAK Quarterly

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## So now your MI patient is being discharged .....

Good randomised clinical trials have confirmed a significant role for medical interventions in improving outcomes over the first few months after presentation with an acute coronary syndrome. These therapies improve the healing of the injured myocardium, decrease the incidence of occlusion events while the ruptured plaque is re-endothelialised, and decrease new plaque formation and rupture. The MACSTRAK Ward phase tracks medications at hospital discharge and provides a description of penentance of these therapies. How well are we doing in ensuring our patients receive best practice?

At discharge following an admission for Acute MI, over 90 % of patients are on ASA and almost 12.6% are on coumadin. Penetrance of these therapies is stable but the

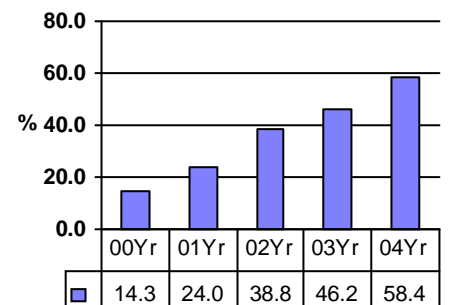
use of more potent antiplatelet therapy with clopidogrel is increasing. The graph shows progressively increasing clopidogrel usage. This increase is partially from the increase in PCI but most of these patients (75%) have not received angioplasty.

ACE Inhibitors improve heart failure outcomes and decrease recurrent ischemic events. Over 80 % of patients are discharged on either an ACEI or an A2 blocker. Long acting nitrates do not have trial evidence to support their widespread use. Although the intermittent use of nitrates may be associated with rebound phenomena, there is also no data confirming increased risk. Programs may choose to reassess their use of long acting nitrates at discharge.

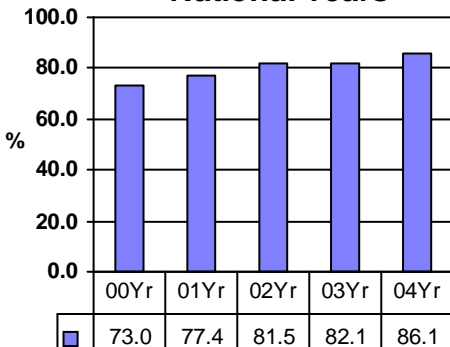
Patients at risk for new plaque development can also benefit from medical therapy. The statins have shown a marked improvement in lipid profile, and a clear reduction in events. Over 80 % of patients are on a statin by the time of hospital discharge.

How is your program doing? This data is available only from the MACSTRAK Ward phase. If there is enough interest we can add some of this profile to the CCU phase. Let us know!

**AMI Discharge Clopidogrel National Years**

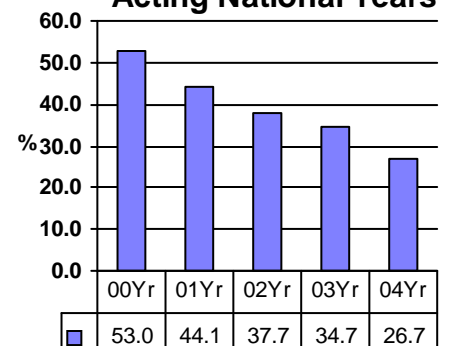


**AMI Discharge ACEI/A2blocker National Years**

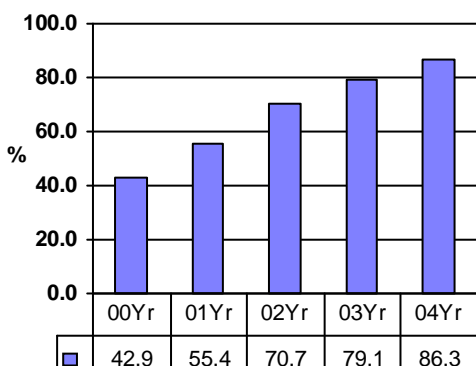


Although the intermittent use of nitrates may be associated with rebound phenomena, there is also no data confirming increased risk. Programs may choose to reassess their use

**AMI Discharge Nitrates Long Acting National Years**



**AMI Discharge Statins National Years**



## Time is on my...site

When filling out the timeline on the ER or CCU forms, please ensure that all times, other than Symptom Onset, are subsequent to the patient's arrival at your hospital.

There are cases where some events may precede the patient's arrival. For patients who were triaged or had an ECG done at the nursing home or in the ambulance, please record the Triage or First ECG time to coincide with the Arrival time. If the patient is already in the hospital when the onset of symptoms occurs, the Arrival time would be the same as Symptom Onset.

Should you have any questions about timelines, please contact the Project Office.

Has your coordinator or chairperson changed? Do you have a new email address or phone number? Contact the Project Office with any changes so we can keep our records up to date.

## Capturing your PTCA Population

Since PTCA's are becoming more common and more centres are now performing them we would like to review how to capture them properly on the form.

If a STEMI patient comes directly to your hospital or is transferred from another hospital without having received thrombolysis, the PTCA is considered Primary and the information should be captured in the *Initial Management* section. Be sure to include a full timeline. Please DO NOT also mark PTCA in the *Course in CCU* section.

If a patient comes directly to your hospital and the initial treatment at your hospital is thrombolysis but subsequently the patient receives a PTCA, please mark the information pertaining to the thrombolysis in the *Initial Management* section. The PTCA would be captured in the *Course in CCU* section.

If a patient is transferred to your hospital for a PTCA after receiving thrombolysis at the other hospital please mark 'No', 'Not Indicated' and 'Given at other hospital' in the *Initial Management* section. DO NOT mark any information pertaining to the thrombolytic from the other hospital. The PTCA is considered a Rescue and should be captured in the *Course In CCU* section.



### We've relocated...



Our street address hasn't changed but if you are ever sending a courier package please note that our new room number is 12 EN 214.



### The MACSTRAK Project Office

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### Important Dates

Please keep in mind the following deadlines for First Quarter 2005:

February 7, 2005

Supply mailout.

April 8, 2005

All 1st quarter forms to be at Project Office.

April 27, 2005

Data Clarification deadline.

**Project Director**  
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#### Data Consultants

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Do you have any topics that you would like to see covered in a newsletter? Give us a call or write us an email and we will answer any requests we can!