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Topic:

Myocardial Disease

ESC issues policy statement on reperfusion therapy as most important part of treating acute myocardial infarction

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Sophia Antipolis, France, 25 November 2005: A pivotal influence on patient outcome in ST-segment elevation myocardial infarction (STEMI), reperfusion therapy is the most important component of STEMI treatment. A paper by the ESC on its policy with regard to this topic will be published online today in the *European Heart Journal*, an official journal of the ESC¹.

A clinician may utilise various types of reperfusion, including thrombolytic treatment, percutaneous coronary intervention (PCI), or a combination thereof. Despite this, the paper notes that many countries do not sufficiently implement reperfusion therapy, and as a result, many patients with STEMI do not receive such therapy. For this reason, the ESC decided to review pharmacological and mechanical reperfusion strategies to identify obstacles and find solutions for its implementation.

During a two-day policy conference in June 2005, opinion leaders involved in reperfusion therapy gathered to discuss this issue². Attendees included authors of existing guidelines, experts in reperfusion therapy from throughout Europe and North America, and representatives of national societies of cardiology and ESC working groups. From this policy conference, opinion leaders came up with several messages for the cardiology community:

1. The main objective to achieve at least 75% of reperfusion therapy within the shortest time possible is attainable.
2. Practical organisation of reperfusion through regional and national networks must be detailed, with the precise role of each participant detailed and agreed upon.
3. Protocols must be written and agreed upon with regard to the type of reperfusion to be offered to patients in order to regulate the administration of reperfusion therapy within a network.
4. Early diagnosis of STEMI is essential for timely initiation of therapy – every effort must be made to shorten delays.
5. Primary PCI is the preference for reperfusion therapy, as long as it can be delivered by an experienced staff, preferably in a high-volume centre within a reasonable amount of time following first medical contact.
6. If primary PCI cannot be delivered in a timely manner, thrombolytic treatment is a valid option particularly within the first three hours after onset of symptoms (pre-hospital thrombolysis preferred over in-hospital thrombolysis). Thrombolysis is not the end of reperfusion therapy and may be followed by intervention whenever necessary.
7. Physicians in charge of managing STEMI patients must receive information to help them understand the need to shorten delays and to sometimes abandon practices that can undermine access to reperfusion.
8. Quality control is imperative and must be implemented to monitor the efficacy of a reperfusion network.
9. Public information is also important, as many times patients cause their own delays between onset of symptoms and start of reperfusion therapy in seeking medical attention.
10. To ensure that treatment of infarction receives the attention it deserves, politicians and health authorities should be informed about the need to organise networks of reperfusion therapy at regional and national levels.
11. The ESC must make every effort to ensure that messages from this policy conference are received at regional and national levels so that proposed strategies and recommendations are implemented.

Mobilization of the cardiology community with the involvement of health authorities can improve the rate of reperfusion therapy offered to patients. The ESC aims to contribute to this goal in a joint effort with its member national societies.

Ends

Reference:

1Implementation of reperfusion therapy in acute myocardial infarction. A policy statement from the European Society of Cardiology. Jean-Pierre Bassand, N. Danchin, G. Filippatos, A. Gitt, C. Hamm, S. Silber, M. Tubaro and F. Weidinger. *European Heart Journal*, doi:10.1093/eurheartj/ehi673.

2The Policy Conference was held on Friday 24 and Saturday 25 June 2005, at the European Heart House, the ESC headquarters in Sophia Antipolis, France.

Notes to editors:

The European Heart Journal is an official journal of the European Society of Cardiology. Please acknowledge the journal as a source in any articles. Paper available on request.

The European Society of Cardiology (ESC)

The European Society of Cardiology (ESC) represents more than 45,000 cardiology professionals across Europe and the Mediterranean. Its mission is to improve the quality of life of the European population by reducing the impact of cardiovascular disease.

The ESC achieves this through a variety of scientific and educational activities including the coordination of: clinical practice guidelines, education courses and initiatives, pan-European surveys on specific disease areas and the ESC Annual Congress, the largest medical meeting in Europe. Furthermore, the ESC promotes cardiovascular disease prevention messages to the general public, most notably during its annual 'For Your Heart's Sake' event, a fun yet educational event offering risk assessment and prevention advice, held in parallel to the Congress each year.

The ESC comprises 2 Councils, 4 Associations, 23 Working Groups and 49 National Cardiac Societies. Both the ESC Congress and 'For Your Heart's Sake' take place in late August/early September each year in a European 'Heart-Healthy City'. The World Congress of Cardiology 2006, to be held from 2-6 September in Barcelona, Spain, will be a unique occasion bringing together the ESC Congress 2006 and the World Heart Federation's XVth World Congress of Cardiology.

The ESC administrative headquarters are based at the European Heart House, Sophia Antipolis, France. For more information on the ESC, Congress and initiatives, see www.escardio.org.

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