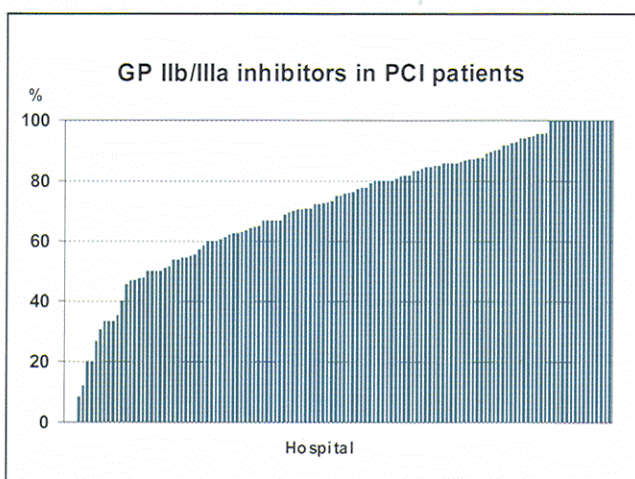
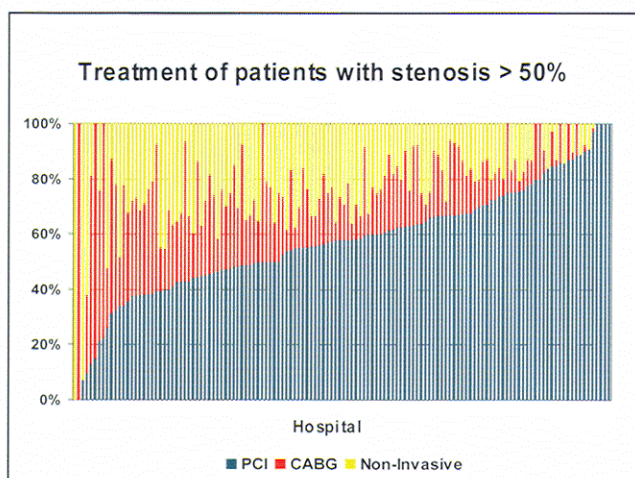
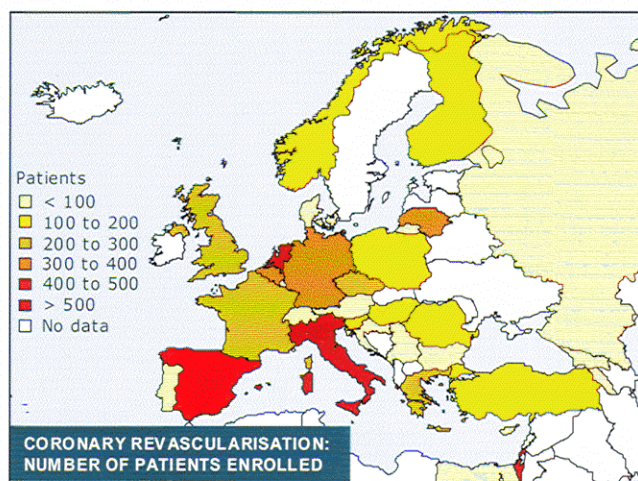


Euro Heart Survey Coronary Revascularisation



The Euro Heart Survey on Coronary Revascularisation included consecutive patients who presented for coronary angiography and had significant coronary disease (any stenosis over 50% in diameter). In 2000-2001, over 8,000 procedures were screened and 5,767 cases were included from 132 hospitals of 31 ESC member countries.

Coronary revascularisation is recommended for patients with stable and unstable coronary disease to relieve anginal symptoms, to retard disease progression, and to prevent death or myocardial infarction. In patients presenting with evolving myocardial infarction, immediate coronary revascularisation by means of a 'primary' percutaneous intervention (PCI) is nowadays considered the best treatment option, as it is more effective and safer than fibrinolysis. In clinical practice, however, indications for revascularisation are determined as much by availability as by risk assessment. The percentage of invasive (PCI and CABG) and non-invasive treatment in patients with a stenosis over 50% varied largely across hospitals.

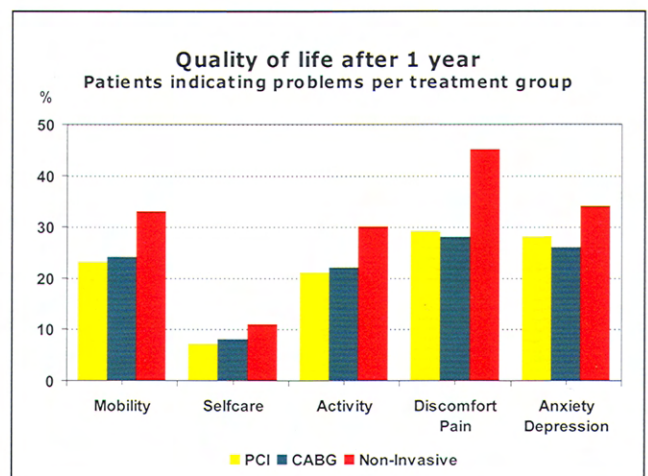
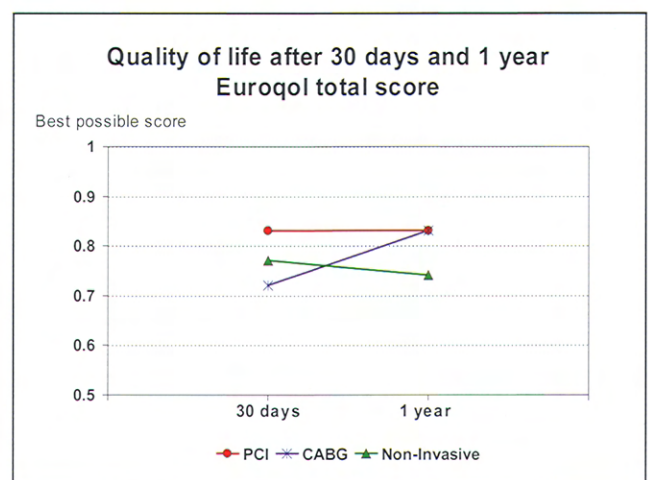
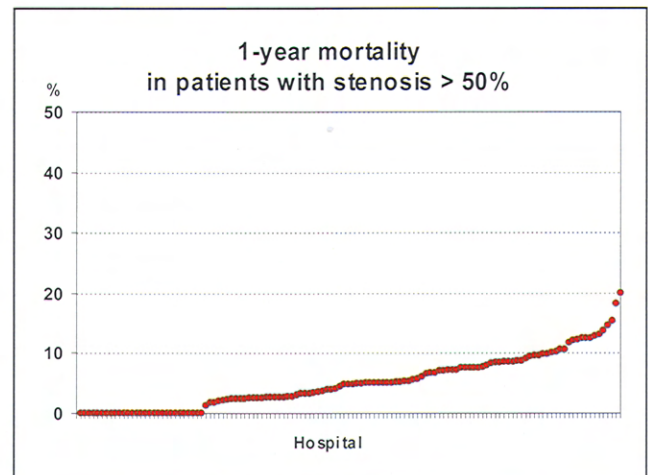
In patients undergoing PCI for acute coronary syndromes, GP IIb/IIIa receptor blockers are recommended by guidelines. A large variation (from 0% to 100%) between hospitals was observed in the percentage of PCI patients in which GP IIb/IIIa blockers were prescribed.

Euro Heart Survey
Coronary Revascularisation

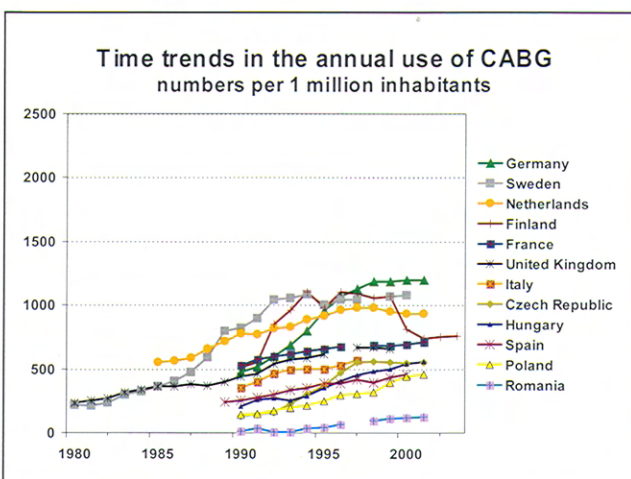
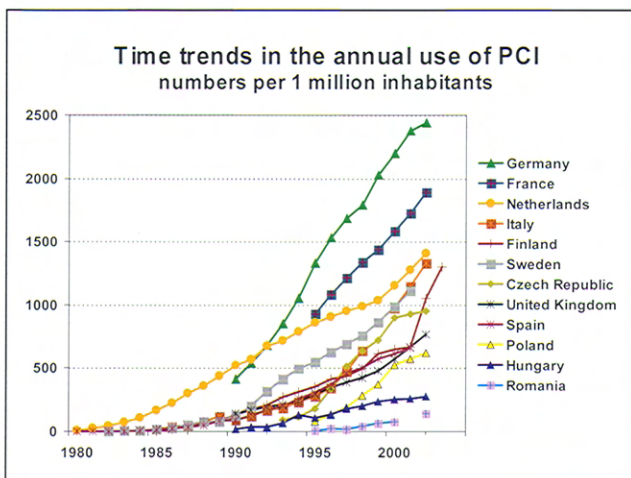
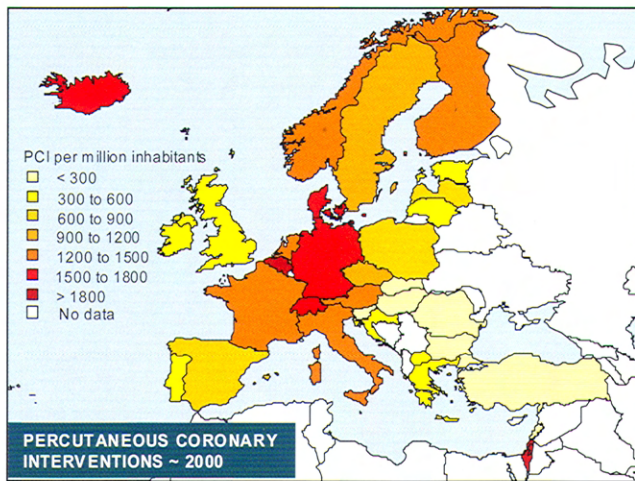
One-year mortality and reported quality of life of patients varied. Average mortality was 4.9% and ranged from 0% to 20% between hospitals.

Quality of life was assessed with the Euroqol 5D, a standardised quality of life measure. An Euroqol score of zero indicates a situation comparable to death from a society perspective, and the best possible score is 1. After 30-days, patients who underwent CABG had the lowest Euroqol score whereas PCI patients perceived the best quality of life, which is comparable to quality of life levels of their age counterparts in the general population. The lower score after CABG reflects the prolonged recovery period after major surgery. After one year, a considerable improvement was observed in the CABG group, up to the level of the PCI group. The PCI group remained at a high Euroqol quality of life score, while quality of life of patients in the non-invasively treated group worsened.

Half of all patients, and especially those who did not undergo an invasive treatment (59%), indicated one or more problems with respect to mobility, self-care, activity, discomfort/pain, or anxiety/depression. Almost half of the medically treated patients (45%) experienced problems with respect to pain and discomfort, as compared to 30% in the PCI and CABG group.



Coronary Revascularisation in Europe



Percutaneous Coronary Interventions and Coronary Artery Bypass Grafting have been developed to treat symptoms of patients with manifest coronary artery disease. To date, percutaneous coronary interventions (PCI) have a wide indication. Whereas some years ago surgery was the dominant therapeutic option, nowadays most patients are eligible for percutaneous treatment. This includes patients with multivessel coronary disease. Accordingly, increasing annual volumes of percutaneous interventions and stabilising levels of coronary surgery are observed in most European countries. Germany, The Netherlands and Sweden are illustrative examples. Currently, high annual levels of percutaneous interventions are observed in Belgium, Denmark, Germany, Iceland, Israel, and Switzerland (over 1500 PCI procedures per 1 million inhabitants). Most other Northern, Western, and Southern countries have intermediate levels, whereas the Central European countries often have annual levels below 300 PCI procedures per million inhabitants.

Data source:

National Cardiac Society Reports