

P4670 : Type of first medical contact and transfer organization rather the number of medical contacts prior to admission affect survival of STEMI patients. Insight from the FAST-MI registry

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On behalf: FAST-MI

Topic(s):

Infarction acute phase STEMI

Citation:

European Heart Journal (2007) 28 (Abstract Supplement), 825

Background: Prehospital medical management of STEMI patients is associated with a better survival.

Aim: To assess whether the type of first medical contact (MC) prior to admission to the CCU affect patient survival.

Methods: FAST-MI is a nationwide French registry on consecutive patients presenting with AMI ≤ 48 hours. We identified 8 transfer protocols depending on first MC and transfer organization (table).

Results: Prehospital data and mortality were available in 1617 patients presenting with STEMI or LBB. Time from symptom onset (SO) to FMC and time from SO to CCU was ≤ 3 hours in 65.4% and in 21.9% of patients, respectively. The number of MC prior to admission was ≤ 2 in 85% of patients. Prehospital transfer with a MICU as the first and unique MC (25% of the whole study population) was associated with shorter time delays, a higher rate of reperfusion and a better survival as compared to any other type of prehospital transfer. After adjustment for the GRACE score, MICU as the first and unique MC prior to admission was an independent correlate for delayed transfer (>3 hrs vs <3 hrs, OR 0.23; 95% CI 0.18-0.29), reperfusion (yes vs no, OR 3.82; 95% CI 2.88-5.05) and 6-month mortality (yes vs no, OR 0.63; 95% CI 0.39- 1.02) as opposed to transfer organisation including ER. There was no relationship between those items and the number of MC.

Conclusions: Prehospital management of STEMI patients with a MICU as the first and unique MC is associated with shorter transfer, higher reperfusion rate and better long-term survival as opposed to the number of MC per se.

Table 1}

*p<0.01 for all.