

Global summit on
TOXICOLOGY AND RISK ASSESSMENT
&
International Conference on
CARDIOLOGY AND CARDIAC NURSING

October 24-25, 2018
Paris, France

ST-elevation myocardial infarction registry: Rational and design

Soraya Siabani^{1,2}, Patricia M Davidson³, Hossein Siabani¹, Hossein Karim¹, Nahid Salehi¹, hanyeh Charehjoo¹, Behrooz Hamzeh¹, Leila Zamzam¹

¹Kermanshah University of Medical Sciences, Iran

²University Technology of Sydney, Australia

³The Johns Hopkins University, USA

Introduction: Myocardial infarction with ST-segment elevation (STEMI), the classic form of myocardial infarction (MI) is a major cause of death worldwide. A STEMI registry, by enrolling a huge number of patients, can collect valuable information on various aspects of diseases, management and outcomes. However, no registry was available in western Iran, before the current study, that STEMI registry as the first stage of KACSR (Kermanshah Acute Coronary Syndrome Registry), aiming to enrol about 4000 patients by July 2021, being set up.

Methods and Materials: In this ongoing registry, a prospective and observational study of patients with STEMI, inclusion criteria are; 1) a clinical history consistent with myocardial infarction; 2) electronic cardiograph (EKG) demonstrating STEMI; and being ≥ 18 years old, and only two exclusion criteria would be; unwilling to participate in the

study, or death before providing information. The baseline data including past medical history, clinical findings, medical procedures and paramedical tests of the participants via interviewing them and using a questionnaire developed by EORP are collected. The patients will be followed up annually for minimum 2 years aiming to obtain data on their quality of life, treatment patterns and outcomes which will be reported annually.

Implications: The STEMI registry can visualize and assess the epidemiologic characteristics, risk factors, clinical features, therapeutic method, complications, pattern of diagnosis and referral system, incidence of associated illnesses, care quality, readmission, post-discharge care and pre-discharge preventive care and the effectiveness of preventive strategies.

ssia5034@unisydney.edu.au