Journal of Surgery & Clinical Practice

Extended Abstract

Acute coronary syndrome: young patients tend to delay call for help. Observational retrospective study

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Abstract

Early diagnosis and treatment of ACS can reduce the chance of complications and death. Delay calling for help can increase morbidity and mortality. Method: Single-centre observational retrospective study. Patients' admissions identified using data from local Myocardial Ischemia National Audit Project (MINAP) over a period of 30 months. 1603 patients were involved (919 male, 684 female) (mean age 70.4, mode 77 years). They were classified into nine different age groups (18-20 years, 20-29, 30-39, 40-49, 50-59, 60-69, 70-79, 80-89, 90-102). Participants were admitted to the hospital, diagnosed and treated for STEMI, and NSTE-ACS. Time from symptoms onset to imply help was collected in minutes. Results: Men and ladies in their 50s and 40s respectively tend to delay their need help from symptoms onset. For the previous it had been 590 min on the average, range 23029 min, median 102 and mode 25, whereas for the latter it had been 1084 min, median 277, and range of 7230. Additionally those groups tend to own longer time delay between symptoms onset and arrival to hospital. Among deaths, it's observed that death is proportional to the time delay. Conclusion: time of life group of both genders tend to delay their concern help after they experience symptoms of ACS; moreover, no matter the age, the longer the delay, the upper the death rate. Phase 2 of our study will include distributing questionnaires to any or all patients admitted to the hospital with acute coronary syndrome particularly this people to seek out the rationale behind this delay.

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Pre-hospital delays in patients experiencing acute coronary syndromes (ACS) remain unacceptably long.To look at simultaneously a good range of clinical, sociodemographic and situational factors related to total pre-hospital delay and its two components. Pre-hospital delay data were collected from 228 patients with ACS using patient's medical notes and semi-structured interviews. Total pre-hospital delay (symptom onset to hospital admission) was divided into 2 components: decision time (symptom onset to need medical help), and home-to-hospital delay (call for help to hospital admission). Shorter total pre-hospital delays and decision times were related to ST segment infarction (STEMI), recognizing symptoms as cardiac in origin, being married, symptom onset outside the house and therefore the presence of a bystander. Shorter home-to-hospital delays were more likely among younger patients, those experiencing an STEMI, and patients reporting a greater number of symptoms. Initial contact with emergency medical services was associated with shorter total delays and decision times. Various factors were related to shorter times within the 2 component phases. Greater understanding of the factors impacting on the component phases may help target interventions more effectively and reduce pre-hospital delays.

Background Early diagnosis and treatment of ACS can reduce the chance of complications and death. Delay calling for help can increase morbidity and mortality. it's unclear which cohort among patients with acute coronary syndrome tend to delay their necessitate help. Results our observational retrospective study showed that men and girls in their 50s and 40s respectively tend to delay their necessitate help from symptoms onset. For the previous, the time unit delays (590 ± 71.1 min), whereas for the latter it had been (1084 ± 120.1 min). Moreover, these groups tend to own a extended time delay between symptoms onset and arrival at the hospital. Among deaths, we observed that the death rate was proportional to the time delay, which isn't unexpected. Next step, we attempt to perform a qualitative study within the kind of questionnaires to focus on the individuals with a high risk of CVD within these age groups. Conclusion time of life group of both genders tend to delay their imply help after they experience symptoms of ACS; moreover, no matter the age, the longer the delay, the upper the death rate. The results of this study gave us a far better understanding of our local population and can pave the road for a well-structured teaching programme for them to minimise the time delay for calling for help.

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Time of life group of both genders tend to delay their concern help once they experience symptoms of ACS; moreover, no matter the age, the longer the delay, the upper the mortality. The results of this study gave us an improved understanding of our local population and can pave the road for a well-structured teaching programme for them to minimise the time delay for calling for help.

To determine the causes of delayed imply help by ACS patients and to answer the question a way to shorten that point. A further aim was to look at the knowledge about myocardial infarct (MI) among patients with ACS.

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The time between the onset of symptoms and also then ecessitate medical help ranged from 4 to 1140 min. The longest delay was reported by patients aged 56-70 years. Half them needed help later than after 3 hours. Women waited longer than men. They also waited longer for an ambulance - 20 vs. 15 min ($p < 0.01$). Professionally active patients involved help sooner: 82.7 vs. 120.2 min ($p=0.02$). Warsaw inhabitants waited longer than those living in other towns and in rural areas ($p=0.04$). The most causes of delay were: being confident that symptoms would subside (201 patients - 57.6%), or that the symptoms weren't related to heart condition (45 patients - 12.9%). The 41.5% of patients knew what MI was, 37.2% were acquainted with features of ischaemic hurting. Symptoms of pain were known to 44.4% of patients with ACS history vs. 32.2% of previously untreated ($p=0.02$), pressure levels were known to 51.4 vs. 45.4% (NS), and cholesterol to 29.9 vs. 20.0% ($p=0.03$). A medico was mentioned because the source of data by 44.4% of patients and a nurse - by 11.5%.