

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

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Early diagnosis and treatment of ACS can reduce the risk of complications and death. Delay in seeking help can increase morbidity and mortality. Methods: Retrospective single-center observational study. Use data from the local National Myocardial Ischemia Audit Project (MINAP) to determine patient admissions within 30 months. 1603 patients participated (919 males, 684 females) (mean age 70.4, median 77 years). They are divided into nine different age groups (1820, 2029, 3039, 4049, 5059, 6069, 7079, 8089, 90102). Participants were admitted to the hospital for diagnosis and treatment by STEMI and NSTEMI. Collect the time elapsed from the onset of symptoms to seeking help in minutes. Results: Men and women in their 50s and 40s, respectively, tend to delay seeking help when they develop symptoms. The first time averaged 590 minutes with a range of 23029 minutes with a median of 102 minutes with a mode of 25, and the second time with 1084 minutes with a median of 277 minutes and a range of 7230 minutes. In addition, these groups tend to have longer delays between the onset of symptoms and arrival at the hospital. In death, it is observed that death is proportional to the delay time. Conclusion: Middle-aged people tend to delay seeking help when they develop ACS symptoms; in addition, regardless of age, the longer the delay, the higher the mortality rate. The second phase of our study will involve the distribution of questionnaires to all patients admitted to hospital for acute coronary syndromes (especially patients of this age) to find out the cause of Our retrospective observational research shows that men and women in their 50s and 40s, respectively, tend to delay seeking help when they develop symptoms.

minutes), while for the latter it is (1084 ± 120.1 minutes). In addition, these groups tend to have a longer delay between the onset of symptoms and arrival at the hospital. In the number of deaths, we observe that the mortality rate is proportional to the time of delay, which is not surprising. In the next step, we plan to conduct qualitative research in the form of questionnaires to identify people at high risk for CVD in these age groups. Middle-aged groups of both genders tend to delay seeking help when ACS symptoms appear; furthermore, regardless of age, the longer the delay, the higher the mortality rate. The results of this research give us a better understanding of the local population and will pave the way for them to develop a well-structured teaching plan to minimize delay in seeking help.