

PS2.303

Clinical characteristics of acute coronary syndrome patients visiting department of general medicine in a teaching hospital of Japan

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Background & Aim: ACS (acute coronary syndrome) patients presenting with typical chest pain are commonly referred to cardiologists, admitted to coronary care unit (CCU) and receive timely coronary revascularization therapy. However, many ACS patients without chest pain see generalists and tend to be subjected to delay and/or underuse of optimal treatment. The aim of this study is to clarify the clinical characteristics of ACS patients who visit our outpatient clinic of general medicine.

Method: Seventy two consecutive patients with ACS in our department (Group A) were reviewed in the period between November 1, 2011 and October 31, 2015. We also examined 525 patients with ACS (Group B) who were directly referred to cardiologists and admitted to CCU. The difference of clinical characteristics between the two groups was analyzed.

Results: The group A patients (age: 65±13, M/F:56/16) consisted of 36 ST-segment elevation myocardial infarction (STEMI), 19 non ST-segment elevation myocardial infarction (NSTEMI), 9 recent MI, and 8 unstable angina (UA) patients. The group B patients (age: 69±13, M/F: 395/130) consisted of 263 STEMI, 118 NSTEMI, 46 recent MI, and 98 UA patients. A proportion of ACS patients with no chest pain was higher in the group A than in the group B (42% vs 18%). The chief complaints of ACS patients with no chest pain in the both groups were mainly dyspnea and nausea. A proportion of ACS patients who came on foot was higher in the group A than in the group B (54% vs 30%). in-hospital mortality rate at 30 days after admission was higher in the group B than in the group A (2.5% vs 1.4%).

Conclusion: Generalists should always bear in mind a possibility of ACS, especially when patients are presenting with acute onset of nausea and/or dyspnea, regardless of admission route: by walk-in or by ambulance.