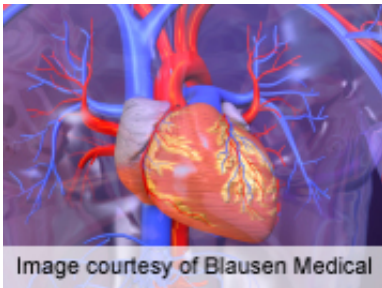


Not all acute coronary syndrome patients get appropriate tx

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Nearly one in five eligible patients hospitalized for acute coronary syndrome do not receive American College of Cardiology/American Heart Association class I guideline-recommended angiotensin-converting enzyme inhibitor or angiotensin receptor blocker therapy, according to a study published online Feb. 25 in *Circulation: Cardiovascular Quality and Outcomes*.

(HealthDay)—Nearly one in five eligible patients hospitalized for acute coronary syndrome do not receive American College of Cardiology/American Heart Association (ACC/AHA) class I guideline-recommended angiotensin-converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB) therapy, according to a study published online Feb. 25 in *Circulation: Cardiovascular Quality and Outcomes*.

Kevin R. Bainey, M.D., from the University of Alberta in Edmonton, Canada, and colleagues examined the extent to which ACEI/ARB therapy is applied in patients with [acute coronary syndrome](#). Data were

collected from 80,241 patients admitted with an acute coronary syndrome and discharged home from 311 U.S. hospitals participating in the Get With the Guidelines-Coronary Artery Disease Program (January 2005 to December 2009).

The researchers found that 81 percent of the 60,847 patients with an ACC/AHA class I indication (left ventricular dysfunction or medical history of heart failure, hypertension, diabetes mellitus, or [chronic kidney disease](#)) received ACEI/ARB. The rate of treatment increased over the study period (76.7 to 84.6 percent; adjusted odds ratio [OR], 1.17; P

"These findings highlight an unmet need in this population and provide an incentive for additional quality improvement efforts," the authors write.

The Get With the Guidelines-Coronary Artery Disease Program is supported in part by Merck/Schering-Plough and Pfizer. Several authors disclosed financial ties to the medical device and pharmaceutical industries.

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