

# Life-saving primary PCI rising in Stent for Life countries

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Life saving primary percutaneous coronary intervention (PPCI) treatment is increasing in countries participating in the Stent for Life Initiative.

These achievements and other activities will be revealed at [EuroPCR 2012](#), 15-18 May, in Paris, France. EuroPCR is the official annual meeting of the European Association for Percutaneous [Cardiovascular Interventions](#) (EAPCI), a registered branch of the [European Society of Cardiology](#) (ESC).

The Stent for Life Initiative is driving equal access to PPCI in [heart attack patients](#) across Europe. The mission is to improve the delivery of care and patient access to the life saving indications of PPCI, thereby reducing mortality and morbidity in patients suffering from [acute coronary syndromes](#) (ACS). The objective is to increase the use of PPCI to more than 70% of all ST elevation [myocardial infarction](#) (STEMI) patients, achieving PPCI rates of more than 600 per one million inhabitants a year. To do this the aim is to offer a 24/7 PCI service at all relevant facilities to cover the country population need.

"There is great progress in all Stent for Life countries where we are promoting primary PCI," says Professor Steen Kristensen (Aarhus, Denmark), Stent for Life Initiative Chair. "All countries are reporting back now that the numbers of patients treated with primary PCI, the best [reperfusion therapy](#), is increasing."

There are two prongs to the initiative. First is to reduce delays in patients seeking treatment. That means calling an ambulance immediately when they have symptoms of a [heart attack](#). The Stent for Life Initiative is supporting patient awareness campaigns called ACT NOW.SAVE A LIFE in several countries to promote what patients should do if they have heart attack symptoms. More information about the campaigns and their results

will be available at the Stent for Life Initiative booth at EuroPCR (M58, Level 2).

Second is to reduce delays in the system so that patients who have a heart attack get reperfusion therapy, which means opening the vessel to the heart, as quickly as possible. Health systems need a straight line from the ambulance to the catheterisation laboratory where the clot can be removed with a catheter technique called primary angioplasty or PPCI. The Stent for Life Initiative promotes taking an electrocardiogram (ECG) in the ambulance so that patients can be diagnosed and directed to the correct part of the hospital.

Women have even greater delays than men in accessing lifesaving PPCI. They are often diagnosed later and may therefore not get access to reperfusion therapy in some countries. Women are more likely than men to die within a year of a heart attack and to develop heart failure.

The Stent for Life Initiative is tackling these disparities through a collaboration with Women in Innovations (WIN). WIN is a global group of female interventional cardiologists aimed at addressing gender disparities in cardiovascular care. It became an affiliated activity of the Stent for Life Initiative in March during the Stent for Life Forum 2012 in Prague. A partnership project aims to increase awareness of women and heart disease amongst doctors and patients in Europe. It will target countries with the greatest need for education in this area.

Professor Kristensen says: "For women, the delay to PPCI treatment is longer and we are collaborating with WIN to try to optimise the therapy for women with heart attacks."

The Stent for Life Initiative is holding a number of sessions at EuroPCR, including a plenary session on Thursday, 17 May on how to optimise the delivery and quality of PPCI. This will include

understanding the causes of treatment delay and how to reduce it, and identifying the requirements for a successful STEMI network.

Provided by European Society of Cardiology

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