

**ACUTE CORONARY SYNDROMES  
QUALITY OF CARE  
FOR STEMI IN CHINA**

A paper published in *The Lancet* by the China PEACE Collaborative Group has provided new insights into the epidemiology, treatment, and outcomes for ST-segment elevation myocardial infarction (STEMI) in China. “Before their report, little was known about [STEMI] in a country that has almost a fifth of the world’s population,” explain Ajay Kirtane and Gregg Stone in an accompanying editorial. Although hospital admissions and the use of some therapies for STEMI increased over the past decade, in-hospital mortality was not reduced and important gaps in care persist.

Li *et al.* derived their nationally representative sample from patients admitted with STEMI in 2001, 2006, and 2011. Treatment use was assessed on the basis of the 2010 China National Guidelines for STEMI, which are consistent with US guidelines. The sample included 13,815 patients from 162 hospitals.

During the study, the rate of hospital admission for STEMI per 100,000 people increased from 3.7 in 2001, to 8.1 in 2006, to 15.8 in 2011 ( $P < 0.0001$  for trend). Although the rate of primary percutaneous coronary intervention increased over time ( $P < 0.0001$  for trend), the rate in 2011 (27.6%) remained far below that seen in the USA and in Europe (~80%). Overall, the use of reperfusion strategies did not change from 2001 to 2011, because the use of fibrinolytic therapy declined. The median time from symptom onset to hospital admission was >12 h throughout the study, which is far in excess of the optimal 3–4 h window for myocardial salvage. Although aspirin and clopidogrel use increased, that of  $\beta$ -blockers and angiotensin-converting-enzyme inhibitors did not and remained below guideline recommendations. In-hospital mortality did not differ significantly between 2001 and 2011 (8.4% vs 7.0%; OR 0.84, 95% CI 0.62–1.12,  $P = 0.06$  for trend). “Our study underlines that access to care does not ensure delivery of the highest-quality care,” conclude the researchers. Drs Kirtane and Stone stress that “the conditions described ... apply to other large countries and populations. To truly enhance global health, close collaboration between physician–scientists, industry, and governments on a multinational scale is necessary”.

**Alexandra Roberts**

**Original article** Li, J. *et al.* ST-segment elevation myocardial infarction in China from 2001 to 2011 (the China PEACE-Retrospective Acute Myocardial Infarction Study): a retrospective analysis of hospital data. *Lancet* doi:10.1016/S0140-6736(14)60921-1