

## ACUTE CORONARY SYNDROMES

# ACS in developing countries—insights from the ACCESS registry

The management of patients with acute coronary syndromes (ACS) in Africa, Latin America, and the Middle East is more conservative than in Europe and the USA, although 1-year mortality is comparable. These findings from the ACCESS registry are reported in the *American Heart Journal*.

Between January 2007 and January 2008, 11,731 patients with ST-segment elevation myocardial infarction (STEMI) or non-STEMI from 19 developing countries were prospectively enrolled in the ACCESS registry. The duration between symptom onset and hospitalization was shorter in patients with STEMI (representing 46% of all patients) than non-STEMI (4 h vs 6 h;  $P < 0.0001$ ).

The use of certain medical therapies compared favorably with data from Western countries; lipid-lowering drugs, aspirin, thienopyridines, and  $\beta$ -blockers were used in 94%, 93%, 81%, and 78% of patients, respectively. However, 39% of patients with STEMI did not receive reperfusion therapy

within 24 h of admission; a rate that was much higher than in Western countries. All-cause mortality at 30 days (5.0% vs 2.4%) and 1 year (8.4% vs 6.3%) was higher for patients with STEMI than non-STEMI ( $P < 0.0001$  for both), but were similar to rates in developed countries. “Expensive drugs, such as bivalirudin and glycoprotein IIb/IIIa inhibitors are less-frequently used [in developing nations] than in the Western world, but it does not seem to have a huge impact on outcomes”, explains ACCESS investigator Gilles Montalescot. Further data are required, but these findings highlight opportunities to improve care for patients with ACS in developing countries.

*Alexandra King*

**Original article** The ACCESS Investigators. Management of acute coronary syndromes in developing countries: ACute Coronary Events—a multinational Survey of current management Strategies. *Am. Heart J.* 162, 852–859.e22 (2011)