

MANAGING ACS IN RESOURCE CHALLENGED WORLD

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MANAGEMENT OF ACUTE MI

- Appox. 30% of pts. with acute MI die before ever receiving medical attention, mostly from ventricular fibrillation.
- The introduction of ICU's 50 years ago was associated with significant decrease in mortality in acute MI.
- The introduction of thrombolytic therapy in the mid 1980's was associated with a further significant decrease in mortality in acute MI.
- The introduction of primary PCI in the early 2000's showed a further decrease in mortality.
- So that the hospital mortality for Acute MI has fallen in most developed countries from approx. 40% in the late 1960's to about 6% now.



POPULATION:

44,463.000

Spanish	French	Dutch	English
Cuba: 11,270.000	Haiti: 10,846.000	Aruba: 102.911	Barbados: 284.000
Dominican Republic: 10,648.000	Martinique: 392.000	Bonaire: 16.541	Bahamas: 337.000
Puerto Rico: 3,686.000	Guadeloupe: 388.000	Curacao: 153.500	Jamaica: 2,700.000
	French Guiana: 244.000	Sint Maarten: 38.976	Trinidad: 1,300.000
	St. Martin, St. Barts and Marie-Galante: 45.000	Saba: 38.976	OECS Countries: 1,000.000
		Sint Eustatius: 38.976	Cayman Islands: 58.000.
		Total: 310.000	T and C : 33.000
			BVI and USVI: 132.000
			Belize: 300.000
			Guyana: 770.000
Total: 25,604.000	Total: 11,915.000		Total: 6,614.000

MANAGING ACS IN RESOURCE CHALLENGED WORLD

- Varies widely throughout the Caribbean.
- Depends on financial and human resources in various countries.
- French Speaking countries (except Haiti) are part of France and hence get “state of the art” care.
- Dutch Speaking countries are still part of Holland but not as well organized as the French and get “middle of the road” care.
- English Speaking countries are almost all Independent with no help from Britain and are financial and human resource limited.

ENGLISH SPEAKING CARIBBEAN

Barbados: 284.000

Bahamas: 337.000

Jamaica: 2,700.000

Trinidad: 1,300.000

OECS Countries: 1,000.000

Cayman Islands: 58.000.

T and C : 33.000

BVI and USVI: 132.000

Belize: 300.000

Guyana: 770.000

Total: 6,614.000

CARIBBEAN RESEARCH AND STATISTICS

- Limited research out of the Caribbean on ACS management.
- Thirty- day mortality for ST-Segment Elevation Myocardial infarction Patients – A Clinical audit of acute ST elevation myocardial infarctions at San Fernando General Hospital Coronary Care Unit. Pravinde Ramoutar. 29th Caribbean Cardiology Conference. Nassau, The Bahamas, July, 2014. 30 day mortality: 12%. 54% thrombolysed with Metalyse within 6 hours.
- Barbados National Registry Report for Acute MI statistics in 2014 reported 37% mortality. Did not distinguish between STEMI and NSTEMI. Only 19% of STEMI patients were thrombolysed.

THE MAJOR CHALLENGE IN THE CARIBBEAN IN MANAGING ACS

- Lack of infrastructure from both financial and human resources.
- Inadequate ambulance service.
- Inadequate triage chest pain clinic in ER.
- Inadequate numbers of critical care beds.
- Inability to convince “politicians” of its importance both from a morbidity and a mortality standpoint.

MANAGING ACS IN RESOURCE CHALLENGED WORLD

- Private Hospitals in Trinidad and The Bahamas provide “State of the art” Pharmaco-Invasive Therapy.
- Fee for Service care for patients with Health Insurance and those who can afford it.

MANAGING ACS IN RESOURCE CHALLENGED WORLD

- Develop Pharmaco-Invasive cardiac programs in the private sector. (Already done in Trinidad and The Bahamas in Private Hospitals).
- Advocacy to Governments to provide the Infrastructure in Public Hospitals to adequately treat patients with ACS.
- Advocacy from organizations like the ACC.