ACC Latin America Conference 2017

MEXICO CITY

JUNE 22 – 24, 2017

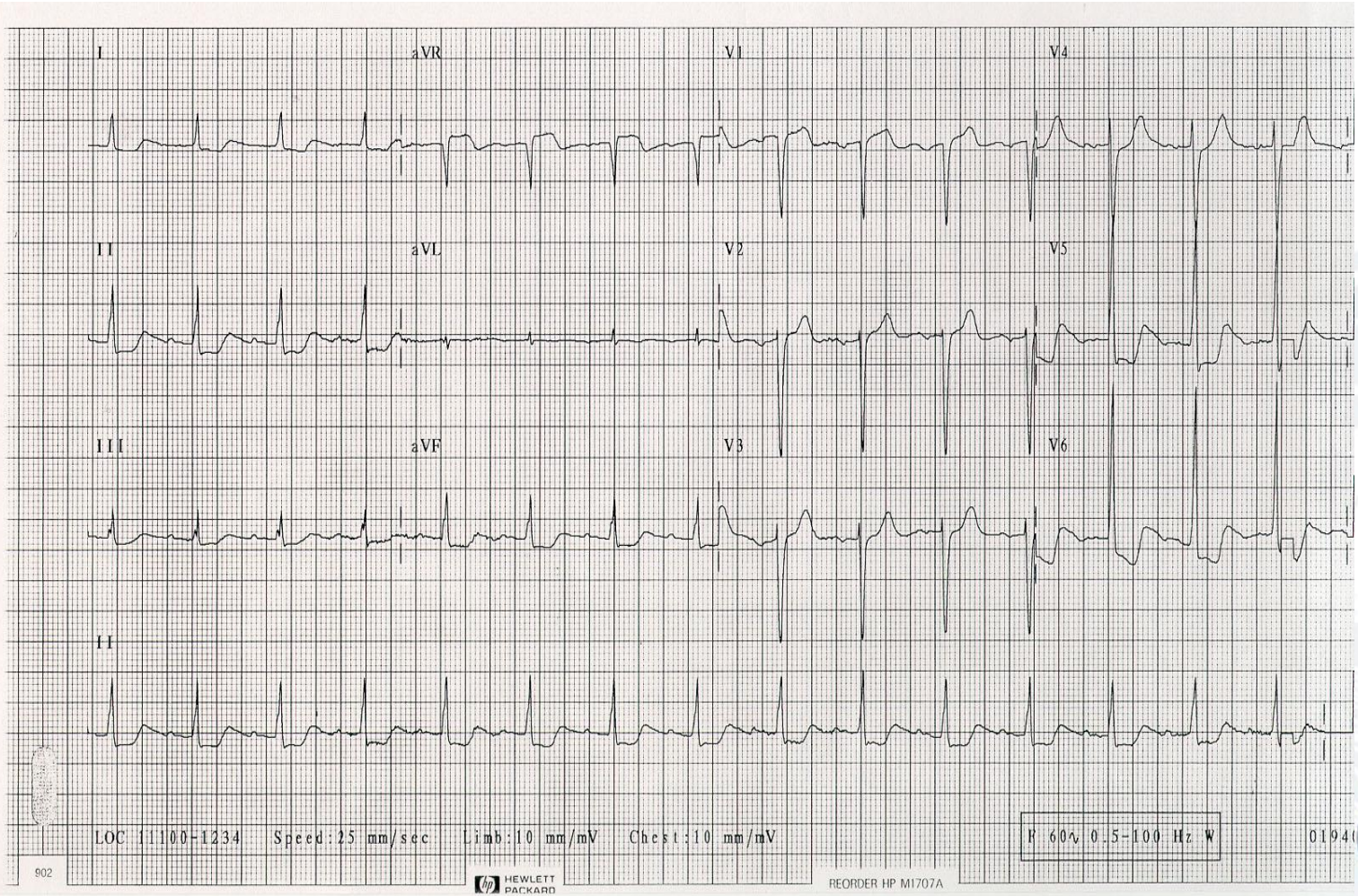
GLOBAL EXPERTS, LOCAL LEARNING

Managing ACS in A Resource Challenged World

Mike Valentine, MD, FACC
ACC Vice President
Centra Medical Group
Lynchburg, VA, USA

74 year old woman presents with ACS

- History of hypertension, CABG 1990, MI and stents to LAD in 2003, TIA, and asthma
- Increased CP episodes for one week, and continued chest pain in ED. Treated with nitrates, morphine; beta blocker; wheezing.
- BP 126/68, pulse 101, 80 kg, mild CHF
- Creatinine 1.7 mg/dL; TnT 0.27 ng/ml
- ECG showed 1mm anterolateral ST depression; echo EF 45%
- GRACE risk score
  - death in-hospital 16%
  - death/MI 6 mo 50%



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74YO Male-Outpatient Visit

- Permanent Afib/Rate Control and OAC
- Recent NQWMI, DES to Cfx (2.5x32mm)
  -moderate, diffuse D2 to RCA, LAD May 2017
- Meds- ASA 81mg, Warfarin, Clopidigrel 75
  BB, ACE, STATIN
- Echo- EF 45%, moderate MR
- Labs- Crt 2.0, K 5.4

DAPT Calculator

1. Age		<65	0
		65-74	-1
		≥ 75	2
2. Diabetes	Y		1
		N	
3. Prior MI	Y		1
or PCI		N	
4. MI at pres	Y		1
		N	
5. Stent <3mm	Y		1
		N	
6. Vein graft	Y		2
		N	
7. EF <30, CHF	Y		2
		N	
8. Smoker?	Y		1
(2yrs)		N	
Score			-2 -10

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2016 ACC/AHA Guideline Focused Update on Duration of Dual Antiplatelet Therapy in Patients With Coronary Artery Disease

Developed in Collaboration with American Association for Thoracic Surgery, American Society of Anesthesiologists, Society for Cardiovascular Angiography and Interventions, Society of Cardiovascular Anesthesiologists, and Society of Thoracic Surgeons

Endorsed by Preventive Cardiovascular Nurses Association and Society for Vascular Surgery

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