

Title: Adherence to American College of Cardiology and European Society of Cardiology Guidelines for Diagnostic and Interventional Coronary Procedures in Four Iraqi Cardiac Centers

Category: Interventional Cardiology

Abstract

Background: American College of Cardiology (ACC) and the European Society of Cardiology (ESC) have published guidelines for management of ischemic heart disease to improve patients' quality of life and outcomes. An audit was performed to identify the rate of normal diagnostic coronary angiography (CA), percentage of non adherence to ACC and ESC guidelines for patients with stable ischemic heart disease (SIHD) and acute coronary syndrome (ACS) referred to diagnostic CA, and non adherence of cardiologists to the guidelines recommendation following CA.

Methods: The study included patients from four Iraqi cardiac centers, data collected between March to October 2016. Indications of referring patients to diagnostic and therapeutic CA, and decisions following diagnostic CA were assessed depending on recent available ACC and ESC guidelines at the time of the study.

Results: The study enrolled 382 patients, mean age \pm SD (57.26 ± 10.57), (69.6%) were male, (66.49%) with SIHD, (16.2%) with ACS and (17.2%) with other cardiac disease. Normal CA was (21.2%). Regarding referring patients with SIHD to CA; non adherence to ACC and ESC guidelines were (42.2%) and (17.0%), respectively. For patients with ACS, referrals for CA and primary percutaneous coronary intervention was considered as a non adherence to ACC and ESC guidelines in (9.7%) and (1.6%), respectively. Cardiologists decisions were non adherence to ACC and ESC guidelines recommendation regarding symptomatic and survival concerns in (0.8%) vs (13.1%) and (17.7%) vs (12.4%), respectively.

Conclusion: Normal CA was 21.2% among the study cohort. Regarding CA referrals for patients with SIHD, cardiologists decisions were more likely following European guidelines. Cardiologists decisions were much better in dealing with patients with ACS for invasive approach. Finally, cardiologists recommendations in our study was intending symptomatic more than survival benefit with percutaneous coronary intervention being the most common recommendation.

Clinical Implication: To optimize adherence to guidelines