



Reducing delay for myocardial infarction

Dr Swanson and colleagues report the important finding that hospital delay in delivering primary percutaneous intervention (PPCI) for acute ST elevation myocardial infarction can be reduced by about 15 minutes by shortening the chain of command after the patient arrives at hospital.¹ But as, the authors point out, this has no effect on the much longer delay (average 2–3 hours in most series) between the onset of symptoms and the patient's arrival. Most of this is due to delay by the patient in calling for help, and, as the authors also say, only community education is likely to improve the situation.

Important—as is recanalisation of the infarct-related artery by thrombolytic treatment or PPCI—timely resuscitation from ventricular fibrillation (most likely to be successful during the first few hours of onset) has the potential to save many more lives.² So to call 111 for an ambulance staffed by a paramedic with a defibrillator is the first imperative for a patient with developing infarction.

The “Heart Attack Action!” message to the community has been promulgated in New Zealand by the National Heart Foundation in the past, and in other countries mainly by media campaigns. But results have been disappointing, both here and overseas. A new initiative is required.

One logical initiative would be to couple a brief description of cardiac pain and the message “New chest pain lasting 15 minutes or more call 111 for the ambulance” with standard advice (diet, exercise, don't smoke, check blood pressure and cholesterol etc) on primary prevention. The message should also be repeated to all patients with known acute or chronic coronary disease before discharge from hospital or by their general practitioner.

Any reduction in delay would likely be a long time coming, but this of course applies also to other health initiatives, notably advice on smoking!

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References:

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2. Norris RM The pre-hospital phase of acute myocardial infarction: a national audit is needed in New Zealand. *N Z Med J* 2007;120:120(1255). <http://www.nzma.org.nz/journal/120-1255/2560/content.pdf>