

President's Page

Primary Angioplasty Programme in Greece

GEORGIOS PARCHARIDIS

Professor of Cardiology



Progress in both the pharmaceutical treatment of chronic coronary artery disease and in secondary prevention has led to a low annual mortality (<2%) and an amelioration of the natural history of the disease. In contrast, patients with acute coronary syndromes (ACS) may suffer sudden cardiac death of ischaemic origin, acute myocardial infarction, or unstable angina, with an annual risk of death >10%.

Reperfusion therapy with primary angioplasty (pPCI) in these patients has been shown to improve survival. More specifically, it is associated with lower rates of mortality, non-fatal infarction and stroke in comparison with thrombolytic therapy. As a result, the ESC Guidelines now have pPCI as a Class I indication for the treatment of ST-elevation myocardial infarction (STEMI).

This has led to a reduction in the percentage of patients who undergo angioplasty for chronic coronary artery disease and, at the European level, to an increase in the invasive treatment of ACS up to 50% of all percutaneous procedures.

The last European registry for the treatment of acute myocardial infarction recorded a heterogeneity in the way it was treated. Countries of north and central Europe used primary angioplasty as the main method of reperfusion, whereas countries in the Balkans and southern Europe, including Greece, used thrombolysis for that purpose. The use of thrombolysis in the treatment of STEMI resulted in 46% of patients not receiving any reperfusion therapy.

Since 2009, Greece has been participating in the Stent For Life (SFL) programme, which aims to increase the access of STEMI patients to invasive therapies that reduce mortality and morbidity. This was

an initiative of the EAPCI, EuroPCR, and the ESC Working Group on Acute Cardiac Care, in collaboration with the cardiological societies and invasive cardiology working groups of the participating countries.

The programme is based on the creation of networks that include pPCI and nonPCI hospitals, as well as ambulance services. Its main goals are:

1. To achieve a rate of 600 pPCI procedures per million population per year.
2. To deliver pPCI therapy to 70% of patients with STEMI.
3. To offer pPCI services on a 24/7 basis.

In Greece, a great deal of work has been done in recent years for the treatment of acute myocardial infarction:

- The entire structure of the SFL programme has been created (National Coordination, Steering Committee, Task Force, etc.).
- The programme and the guidelines have been implemented in most regions of the country.
- A national registry has been created in the HCS for recording ACS.
- A first level of state support has been gained, especially in the Attica region.
- Constructive cooperation with the ambulance service (EKAB) has begun.
- A pPCI network has been created in the Attica and South-western Greece (Patras) regions.

The result of all the above is that significant progress has been achieved in the treatment of acute myocardial infarction in Greece. In particular, the number of STEMI patients who undergo primary angio-

plasty has tripled (from 9% in the last registry to 30% in the current registry), while in the Athens area we are close to the programme's target (pPCI in 59% of all STEMI cases).

The progress so far should encourage the cardiology community to continue its attempts to create net-

works in all parts of the country, in order to maximise participation in the national ACS registry with a view to maintaining a permanent registry, leading finally to an improvement in the qualitative features of the programme as regards the prompt and effective treatment of ACS.