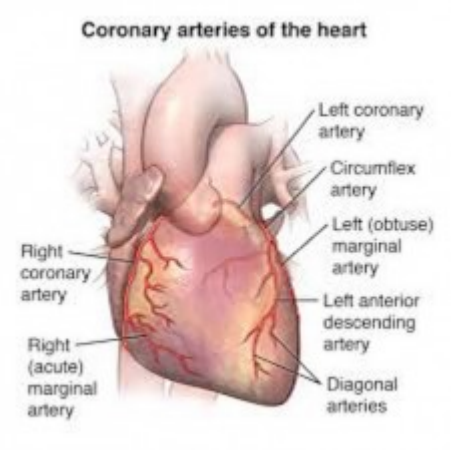
NYTimes: reducing time for urgent delivery of care for heart patients

By ACSH Staff — June 22, 2015



Beginning in yesterday s Sunday Times (continuing this week), a series of articles authored by Gina Kolata entitled *Mending Hearts* [1] is slated to appear. As the title of the series suggests, the focus will be on newer approaches to evaluating and treating urgent situations involving heart diseases. There has indeed been great progress made in shortening the time between onset of heart-related symptoms and definitive therapy, beginning often in the ambulance and carried out to a greater and greater extent in the ER itself.

The reinvention of protocols to hasten treatment is part of a broad rethinking of how to tackle coronary heart disease, which accounts for one of every seven deaths in the United States or 375,000 a year.

And the results?

....care has improved not just in elite medical centers, but in local hospitals like Our Lady of Lourdes, here in [Camden, NJ] littered with abandoned buildings and boarded-up homes that is among the poorest in America, according to the Census Bureau. Disparities that used to exist [2] *, with African-Americans, Hispanics and older people facing the slowest treatment times, have disappeared, Dr. Harlan Krumholz, a cardiologist at Yale, and his colleagues said in a paper in Archives of Internal Medicine.* [3]

In order to shorten the unacceptably lengthy time periods patients with acute cardiac symptoms had waited sometimes over two hours before interventional cardiologists with their catheters and stents got to actually intervene to open clogged arteries:

Researchers studied *every detail of how the hospitals got things done and ended up with a short list of what the stellar performers had in common....They included paramedics transmitting electrocardiogram readings to emergency rooms, E.R. doctors deciding whether a person was likely having a heart attack, and hospital operators summoning treatment teams with a single call. These hospitals also continually measured performance.*

Emergency room doctors were ceded powers by *interventional cardiologists...giving up the power to decide if they and the entire staff required to open an artery needed to dash in, often in the middle of the night.*

It is very rare for a group to give up power and get nothing in return, Dr. Krumholz said. You are saying, You can call me at 3 in the morning and I am not going to question you.

At Yale, and most other places, Dr. Krumholz said, the procedures had been very different, with a long telephone chain of doctors and other staff members called one by one as precious minutes ticked by.

ACSH s Dr. Gil Ross had this comment: As Ms. Kolata reports elsewhere in the article, other interventions not via ambulance or catheter or middle-of-the-night summonses to the heart attack team have had a much profounder effect on the miraculous decline in incidence and mortality of coronary heart disease over the past four or five decades. As she notes:

From 2003 to 2013, the death rate from coronary heart disease [4] fell about 38 percent, according to the American Heart Association citing data from the Centers for Disease Control and Prevention [5]. The National Heart, Lung and Blood Institute [6], the primary federal agency that funds heart research, says this decline has been spurred by [7] better control of cholesterol [8] and blood pressure [9], reduced smoking rates, improved medical treatments and faster care of people in the throes of a heart attack.

It may not be long before cardiovascular disease is no longer the leading cause of death in the United States, said Dr. Michael Lauer, the director of the Division of Cardiovascular Sciences at the National Heart, Lung and Blood Institute.

Dr. Ross continued: Those are the key targets, wielded by internists and primary care doctors more often than cardiologists: statin drugs, sphygmomanometers and home BP cuffs, assiduous attention to compliance with drug regimens for deadly LDL and high blood pressure, and, of course, the decline (all too gradual of late) of smoking rates these have been in the forefront of the major decline in CAD burden in America since the 1960s. And we here at ACSH have been in the forefront of calling attention to all of these salutary behaviors while advising worried Americans ***not*** to waste attention on illusory and hypothetical health threats, of which there are, sadly, an abundance.

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[1] http://www.nytimes.com/2015/06/21/health/saving-heart-attack-victims-stat.html?_r=0
[2] http://www.nejm.org/doi/full/10.1056/NEJMsa032214
[3] http://archinte.jamanetwork.com/article.aspx?articleid=416011
[4] http://health.nytimes.com/health/guides/disease/coronary-heart-disease/overview.html?inline=nyt-classifier
[5] http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf
[6] http://www.nhlbi.nih.gov/
[7] http://www.nejm.org/doi/full/10.1056/NEJMsa053935
[8] http://health.nytimes.com/health/guides/nutrition/cholesterol/overview.html?inline=nyt-classifier
[9] http://health.nytimes.com/health/guides/test/blood-pressure/overview.html?inline=nyt-classifier