Acute Coronary Syndrome (ACS) Treatment & Secondary Prevention: A Complex Pathway

This can result in serious implications for high-risk ACS patients:

- Up to 30% of heart attack patients receive recommended secondary prevention care, even in high-income countries (1).
- Up to 15% of patients discharged following ACS need rehospitalisation within 6 months (3).
- Up to 1 of patients die within one year of their CV event (4).

### ACS patient pathway

<table>
<thead>
<tr>
<th>Initial Treatment Decision</th>
<th>Discharge &amp; Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest Pain / Ambulance</td>
<td>Hospitalists, Interventionsal Cardiologists, Clinical Cardiologists</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>Interventional Cardiologists, Cath Lab Nurses</td>
</tr>
<tr>
<td>Cath Lab / Surgery</td>
<td>Hospitalists, Interventional Cardiologists, Clinical Cardiologists, Nurse Practitioners &amp; Physicians Assistants, Discharge Planners</td>
</tr>
<tr>
<td>Coronary Care Unit</td>
<td>Clinical Cardiologists, General Practitioners, Retail Pharmacists, Community Nurses, Practice nurses</td>
</tr>
</tbody>
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#### HCPs

- ER Physicians
- Interventional Cardiologists
- Clinical Cardiologists
- Cath Lab Nurses

#### HCP Treatment Goals

- Quickly assess patient; determine course of action to stabilise and manage
- Help optimise procedural outcomes and minimise stent thrombosis
- Many factors to consider for ACS patients, including access and affordability
- Continued management, encouragement of patient treatment adherence

### References:

5. AZ Investor Day Presentation