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Evaluation of secondary prevention in Egyptian patients after primary percutaneous coronary intervention

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Background: Effective secondary prevention after acute coronary syndromes is critical to reducing the risk of a subsequent cardiovascular event. Adherence to secondary prevention is disappointingly low worldwide, with no data in Upper Egypt.

Purpose and methods: We sought to determine the prevalence of adherence to secondary preventive among patients who underwent primary percutaneous coronary intervention (PPCI) in a tertiary centre in Upper Egypt from 2014–2016 (n = 468).

Results: Our cohort included 468 patients, mean age at STEMI was 55.7 ± 11.2 years; 79% males. Smoking, diabetes mellitus (DM), dyslipidemia, obesity and hypertension were 62%, 42%, 39%, 38% and 34% respectively. Median follow-up duration (IQR) was 703 (613–830) days. Table 1 shows the prevalence of adherence secondary prevention. Re-myocardial infarction, unstable angina, repeated hospital admission was 4.9%, 5.1%, 14% respectively. Revascularizations were 8.1% and total ischemic complications were 18%. The major adverse cardiac events MACEs were 24%. DM and hypertension were significant predictors of MACEs on univariable and multivariable analysis (multivariable ORs [95% CIs]: 1.685 [1.002–2.833] and 1.764 [1.033–3.012], respectively).

Conclusion: Adherence to secondary prevention after PPCI is sub-optimal in Upper Egypt. We need to raise the standard of preventive cardiology care through more effective primary and secondary prevention programs, to reduce morbidity and mortality.

Risk factor	Target level	Number (%)
Diabetes	HbA1c <7%	280(62)
Blood pressure	<140/90	295(63)
Smoking cessation in smokers	Complete cessation	122 (43)
Smoking status	No smoking	301(65)
Physical activity	Walking at least 30 minutes 5 days/week	301(60)
Body mass index	<25 kg/m ²	101(22)
Waist circumference	<102 cm in males, <88 cm in females	164(36)
Diet	Low salt and fat, adequate fruits and vegetables	268 (57)
Lipids	LDL < 70 gm/dL	93(26)