

## **ABSTRACT**

### **Objectives:**

To describe the secondary preventive measures adopted in the management of patients with Acute Coronary Syndrome (ACS), admitted to National Hospital of Sri Lanka (NHSL).

### **Methodology:**

This was a hospital based descriptive cross sectional study carried out in the cardiology unit and medical wards at NHSL during 18<sup>th</sup> September 2009 to 30<sup>th</sup> October 2009.

A sample consisted of 345 patients recruited in to the study who were diagnosed as acute coronary syndrome. Data were collected by using interviewer administered structured questionnaire, record data sheet, and a self administered questionnaire. Interviewer administered structured questionnaire and the record data sheet were used to collect the data related to pre hospital care received by the patient and hospital care, which included the outpatient care given by OPD/ETU settings and the inward care given by the medical wards & cardiology unit. Self administered questionnaire was used to collect data about knowledge on ACS, secondary preventive measures smoking, alcohol and life style change. Patients' satisfaction towards care given by NHSL was also collected by the same questionnaire. Median arrival time to the hospital, OPD waiting time, source of transport to the hospital and source of transport from OPD/ETU to the ward were assessed. Median hospital stay, 12 lead with the national and international guidelines. Knowledge about ASC, smoking alcohol and lifestyle change was also assessed.

### **Results:**

Median hospital arrival time after onset of symptoms was 4 hours (Range-1 hour to 8 hours) Thirty one percent (n=105) has arrived at OPD/ETU within 6 hours after onset of symptoms. Only 33% (n=114) patients were seen by OPD/ETU doctor within 20 minutes of arrival at the hospital.

Median duration of the hospital stay was 3 days. (Range- 1 to 12 days) There were 48.7 % (n=168) unstable angina, 26.7 % (n=92) non ST segment elevation MI and 24.6% (n=85) ST

segment elevation MI were included in the sample. Most of the patients were given ASA on time. (93.6% within 3 hours after arrival to the hospital). Only 6.4% (n=12) patients found not on Aspirin (ASA) after 3 hours of arrival at hospital. Twelve lead ECG was not done in 59.1% (n=153) patients within 20 minutes after arrival to hospital, exceeding the target value in the guidelines. Fibrinolytic therapy was given 77.6% (n=66) out of 85 patients and fibrinolytic therapy given on time in 19.4% patients. Assessment of LVEF done in cardiology unit was 31% (n=26) and in medical wards 10.3% (n=27). Beta blockers 61.7% (n=213), ACE inhibitors 86.4% (n=298), statin 94.5% (n=326) and ASA 97.7% (n=337) were given during the hospital stay.

General knowledge about ACS was good among 32.7% (n=93) study subjects. Knowledge on smoking 61.3% (n=174), alcohol 54.6% (n=155) and lifestyle change 60.9% (n=173) found to have good knowledge.

Total knowledge in relation to the age, education level was statistically significant ( $P < 0.05$ ). Many of the patients gather their knowledge from medical officers who were working in NHSL and TV/Radio and printed medical were also good source of knowledge.

Majority of the patients were unsatisfied about ward management 80.6% (n=229).

### **Conclusions:**

Some of the processes did not meet the guideline recommendations. Patient's knowledge about acute coronary syndrome, secondary prevention of acute coronary syndrome and its risk factors were poor. Satisfaction towards preventive measures was also poor among the majority.