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Survival of patients after myocardial revascularization for coronary heart disease

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Summary

- Background

The choice of the optimal tactics for the treatment of coronary heart disease has remained an urgent issue for many years. The choice of revascularization strategy is influenced by the continuous development of pharmacology and invasive techniques. According to the results of various studies, it has been shown that coronary artery bypass grafting (CABG) has advantages for patients with multivessel coronary artery disease.

- Aim

To analyse the survival rate of patients who underwent myocardial revascularization by stenting of the coronary arteries and coronary bypass grafting in the conditions of the city cardiological center (CCC) in Almaty, Republic of Kazakhstan.

- Material and methods

Statistical processing of the database of patients of the Almaty City Clinical Center, who underwent treatment in the period from 2012 to 2017, implemented. The statistical analysis was carried out using the software IBM SPSS Statistics, Microsoft Office 2019.

Results

- In total, 989 patients underwent treatment during the presented period. Of these, myocardial revascularization by coronary artery stenting was performed in 853 patients (86.24%), myocardial revascularization by CABG - 136 patients (13.75%).The age and gender characteristics of patients in the group of percutaneous coronary intervention (PCI) are presented in Table 1, in the group of coronary artery bypass grafting (CABG) - in Table 2, respectively.

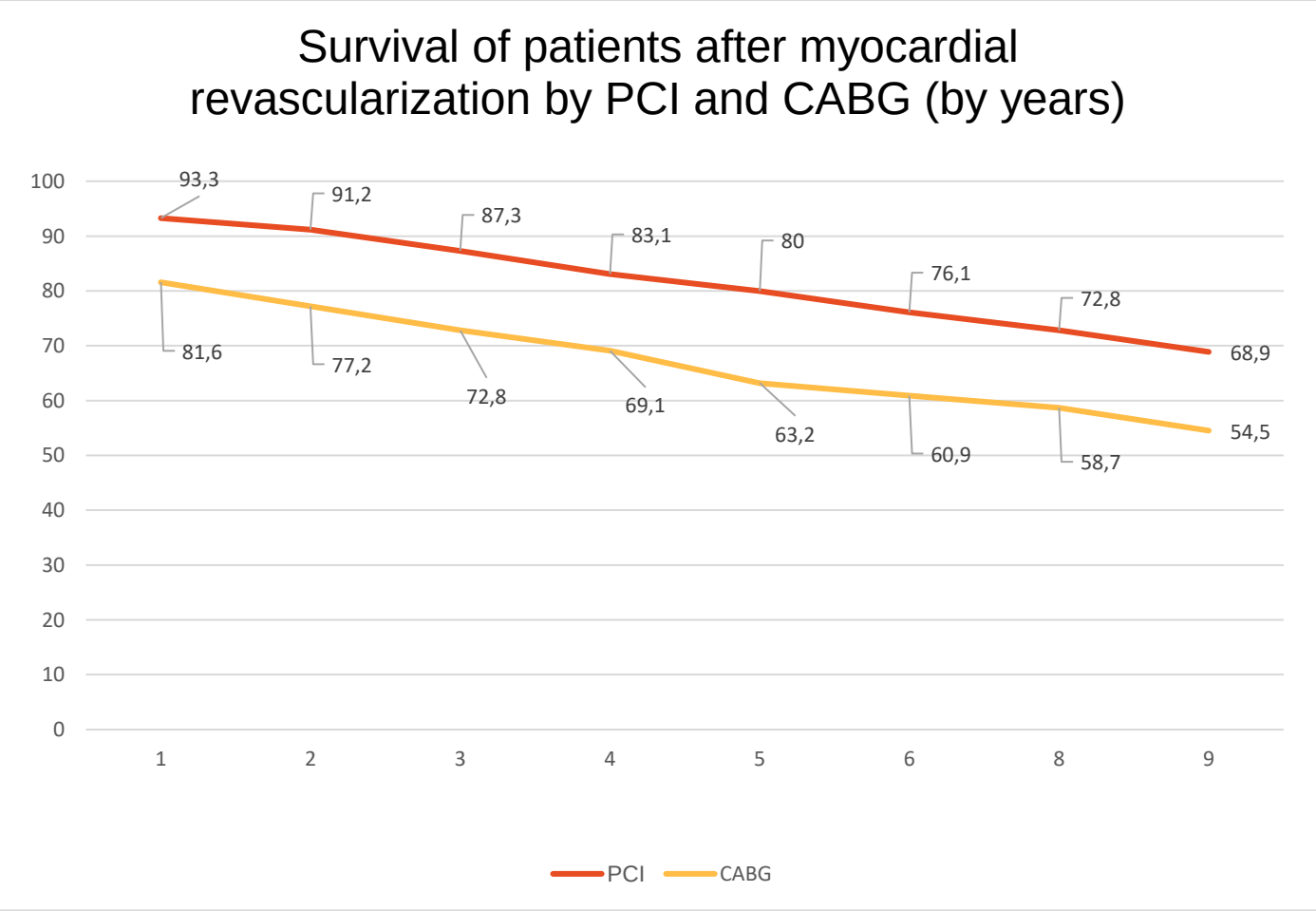
Gender / Age	18-39 years old	40-59 years old	60 years and older	Total
Men	2.0%	55.8%	42.2%	100
Women	0.4%	24.2%	75.4%	100
Both sexes	1.5%	42.7%	55.8%	100

Table 1. PCI group

Gender / Age	18-39 years old	40-59 years old	60 years and older	Total
Men	0 %	47.7%	52.3%	100
Women	0 %	6.9%	93.1%	100
Both sexes	0 %	35.3%	64.7%	100

Table 2. CABG group

Results



- When comparing the effect on survival of the type of intervention (PCI and CABG), this indicator had a strong statistical significance (Log-rank $\chi^2 = 16.143$, $p < 0.05$; Breslow $\chi^2 = 18.160$, $p < 0.05$; Taron-war $\chi^2 = 17.210$, $p < 0.05$)

Conclusions

- Presumably, the survival rates obtained in our study can be associated with a number of reasons, for example, urgent revascularization for the development of myocardial infarction, the lack of proper cardiological rehabilitation both at the stage of inpatient treatment and at the level of primary health care.
- The development of a number of programs aimed at including cardiac rehabilitation at all stages of care, ensuring close continuity of cardiac care, early identification of patients in need of revascularization at the outpatient stage before the onset of major vascular events are some of the measures that can improve the survival rate, and it is possible to influence other medical and social aspects of health care - quality of life, disability, etc.