中文題目：2014-2016 年台灣冠狀動脈疾病住院患者的現況：一家醫學中心的報告

英文題目：Profiles of Hospitalized Patients with Angiographic Coronary Heart Disease in Taiwan during 2014-2016: Report of a Tertiary Hospital

作　　者：張喬翔[1], 洪元[2], 林耕民[3], 林錦生[2], 俞芳含[2], 林維祥[2], 林文裕[2]

服務單位：[1] 國防醫學院三軍總醫院內科部, [2] 國防醫學院三軍總醫院心臟內科, [3] 花蓮國軍總醫院內科部

Background

Taiwan Society of Cardiology (TSOC) has established multicenter registries for coronary artery disease (CAD) to investigate clinical characteristics, management and risks for mortality. However, the impacts of newly-emerged evidence-based therapy, including the use of drug-eluting stent (DES), on the CAD cohort in Taiwan remain unclear.

Methods

The Tri-Service General Hospital–Coronary Heart Disease (TSGH-CHD) registry is a single-center, prospective, longitudinal registry in Taiwan during 2014–2016. Individuals who were admitted for coronary angiography were enrolled. Patient profiles, management and in-hospital outcome data were collected.

Results

We included 3352 patients: 2349 with stable angina and 1003 with acute coronary syndrome (ACS). In the stable angina population, both patients receiving stenting and those receiving medical treatment had a 0.7% mortality rate; DESs were used in 70.4% of patients receiving stenting. In the ACS population, patients receiving stenting and those receiving medical treatment had 4.9% and 10.7% mortality rates, respectively; DESs were used in 63.1% of patients receiving stenting. In the 2008–2010 Taiwan ACS registry, DESs were used in only 28% of all stenting procedures; the estimated hospital mortality was 1.8%. Multivariate analysis indicated that older age, prior stroke, and cardiogenic shock on admission were associated with an increased risk of in-hospital mortality in the ACS population.

Conclusion

Compared with Taiwan ACS cohort, the TSGH-CHD registry revealed that increased DES use, and increased disease complexity and severity after 2010. Although survival is not likely to improve significantly, interventionists seem to perform high-risk procedures for complex CAD in the new DES era.