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## The new ESC STEMI Guidelines

### Details of the new updated version to be published in October

**Topics:** Acute Coronary Syndromes (ACS)**Date :** 01 Sep 2008

Rapid progress in our knowledge of the pathomechanisms, diagnosis and pharmacological as well as interventional treatment of acute coronary syndrome presenting with persistent ST-segment elevation (STEMI) has made necessary an upgrade of the last ESC STEMI guidelines (published in the European Heart Journal in 2003).

As in 2003, Professor Frans Van de Werf (Leuven, BE) served as Chairperson of the guideline development task force with its 16 members from various European countries. The new ESC-STEMI guidelines, which are presently in press with the EHJ, will be presented today by Professor Van de Werf at a Guidelines Symposium on "Optimal management of ST-elevation myocardial infarction patients on both sides of the Atlantic". Inevitably, the new European guidelines will be compared with the new US STEMI guidelines.

The text of the new ESC-STEMI guidelines with its 40 pages and 254 references is very concise and practically oriented. The 22 tables with specified classes of recommendations and levels of evidence make it easy for the practitioner to quickly find the impact of the latest recommendations.

Besides detailed recommendations for general treatment regimens, such as relief of pain and anxiety, arrhythmias, acute pump failure and shock, there is also a detailed "cook book" (including a flow chart figure) of how to proceed with patients depending on their type of first medical contact - for example, with the ambulance, in a PCI hospital or in a non-PCI hospital. If primary PCI is possible within two hours, primary PCI is the treatment of choice, and patients presenting first to the ambulance or a non-PCI hospital should be transferred to a PCI hospital. If primary PCI is not possible within two hours, pre- or in-hospital thrombolysis should be performed as soon as possible after first medical contact. However, even after successful thrombolysis, patients should still be routinely transferred for angiography in order to decide on long-term treatment.

Furthermore, the new guidelines will provide updated recommendations for the use of various glycoprotein IIb/IIIa inhibitors and bivalirudin as well as loading and maintenance doses for clopidogrel with primary PCI or thrombolytic therapy. Finally, there is an elaborate chapter on rehabilitation, secondary prevention and logistics of care.

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