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## BACKGROUND

The intensive statins dose after acute myocardial infarction (AMI) has proven to be superior to conventional dose in reducing morbidity and mortality (IA evidence) but application in clinical practice is variable.



## PURPOSE

To know the implementation of use of intensive statins doses after AMI and the implication of an emergency clinical pharmacist in this quality measure.

## MATERIAL AND METHODS

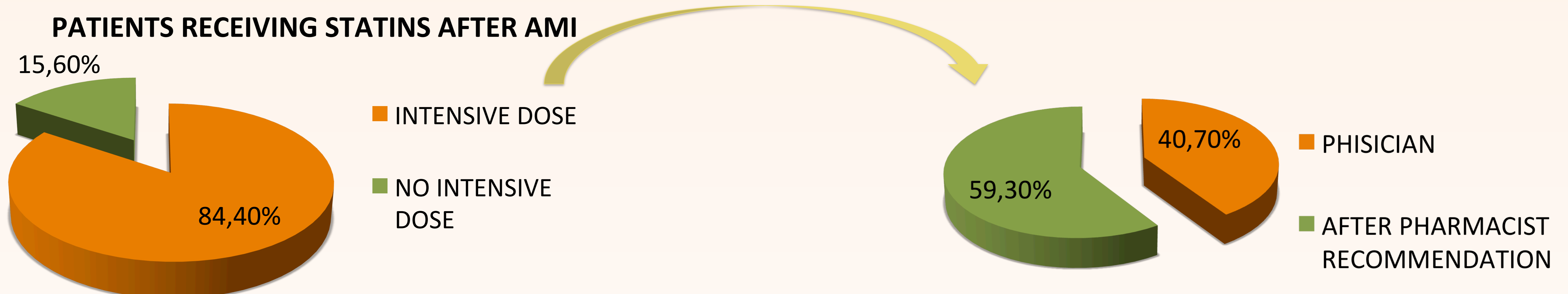
The study was conducted from February to April 2014 in a emergency room with a clinical pharmacist of a tertiary hospital.

1. Patients with AMI were collected and their discharge reports of hospitalitation and analytical were reviewed.
2. An Excel sheet with the following items was prepared: patient sex, age, basal low density lipoproteins (LDL), intensive doses of statins after AMI (YES/NO), pharmaceutical intervention to modify the dose of statins to intensive dose (YES/NO), LDL levels at discharge, type and dose of statin scheduled in the discharge report.

The target LDL levels after AMI were lower thar 70 mg/dl according to clinical practice guidelines (GPC) of the European society of Cardiology (ESC) 2013.

## RESULTS

32 AMI was registered. A previous analytical including LDL levels was avaiable in 22 patients, in 95.5% were higher than 70 mg/dl .



At hospital discharge all patients except one were prescribed an statin. No patient was discharged with intensive doses

## CONCLUSION

1. The implementation of use of intensive statins doses in the emergency room is high but it is necessary to unify criteria at hospital discharge.
2. The pharmaceutical recommendation to use intensive doses of statins after AMI implies an increase of compliance of evidence-based recommendations of the GPC