

# Coronary patients: which therapeutic approach on discharge from hospital?

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## Purpose

Coronary artery disease is one of the main causes of death in industrialized countries.

The **recommended treatment** is “**BASI**”:

- **B** for **beta-blockers**,
- **A** for **antiplatelet agent**,
- **S** for **statin**
- **I** for **ACE inhibitors** or **sartans**

An appropriate **treatment of major cardiovascular risk factors (CVRF)** is also recommended.

In the context of improving professional practice, we studied compliance with standards of care of coronary patients, by choosing to focus on hospital discharge.

## Material and Methods

This study was conducted in two cardiology units. It focused on all inpatients **with a positive coronary angiography**.

The study included 179 patients in 2010 and 111 in 2012.

We collected and analyzed information on treatment after hospitalization, CVRF, and information in the discharge letter.

An evaluation of professional practice was conducted in 2010.

Improvement actions were then taken:

- Presentation of the results to cardiologists
- Edition of a booklet summarizing good professional practice recommendations.

In 2012, practices were re-evaluated through a second study.

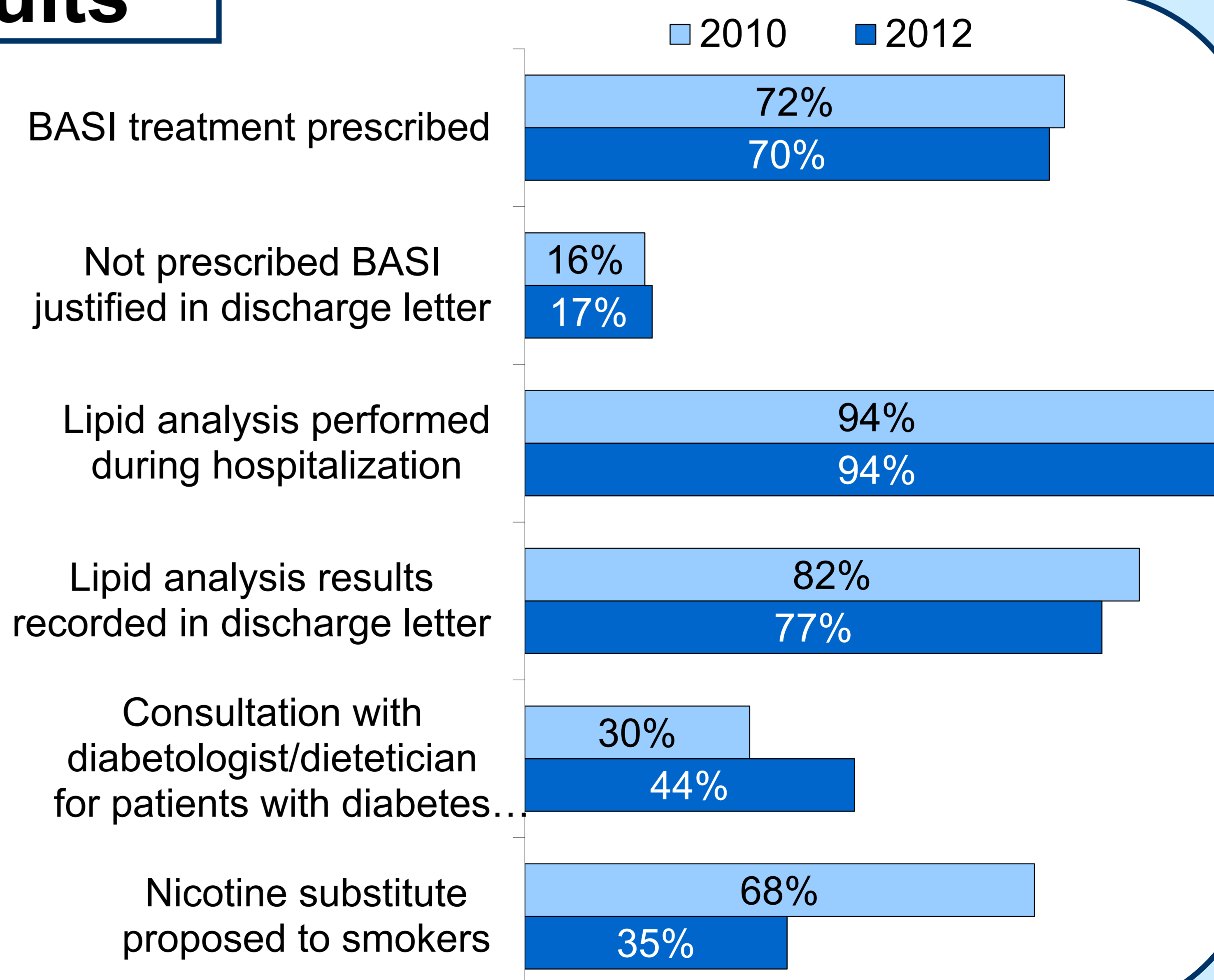
## Results

### Concerning drug therapy:

- The recommended treatment “BASI” was prescribed in 72% of cases in 2010 versus 70% in 2012.
- For non-compliant treatments (i.e. other than BASI), 17% were justified in the discharge letter (BASI not indicated or contraindicated), against 16% previously.

### Concerning the management of CVRF:

- Lipid analysis was performed for 94% of patients in both collections, and recorded in the discharge letter in 82% (2010) versus 77% (2012).
- 30% of patients with diabetes and/or obesity consulted a dietitian or diabetologist in 2010 versus 44% in 2012.
- Last, 68% of smokers received nicotine substitute in 2010 and 35% in 2012.



## Conclusion

Our work shows that the recommendations are generally well respected. This may explain, along with successive changes of medical interns, that practices have changed little during this study. However, further actions will be required concerning management of CVRF, which still remains less satisfactory.