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Practice Patterns and Outcomes for Acute Myocardial Infarction in an Elderly Asian American Population: A Community Hospital Study

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Abstract

Guidelines for the treatment of acute myocardial infarction (AMI) have been established by large multi-center clinical trials, but it is not always clear whether medical practice patterns are conforming to these guidelines or if outcomes outside of a trial setting are truly beneficial. Little evidence documents the community hospital experience, yet community hospitals altogether treat a substantial number of AMIs. There is also a paucity of information about Asian Americans and AMIs. The object of this study is to characterize the practice patterns and resulting Chinese American AMI outcomes at a community hospital, and to compare this data to other studies.

In this study, the medical records of 133 patients listed under an AMI code at Chinese Hospital, from January 1992 - December 1994, were reviewed. Chinese Hospital, located in San Francisco's Chinatown is a 59 bed community hospital that predominantly serves the local Chinese American community. 107 patients were ruled to have an AMI and eligible for the study. 69 (64.5%) of AMIs were Q waves, of which 55.1% were anterior and 34.8% were inferior. Only 1 patient was very aggressively treated with transfer for angioplasty, and 12 (17.4%) Q wave patients underwent thrombolytic therapy. Concomitant pharmacotherapy for those who underwent thrombolytic therapy was 100% for intravenous heparin, 91.7% for ASA, 66.7% for beta-blockers, 0% for Calcium blockers, 33.3% for ACE inhibitors and 83.3% for nitroglycerine. 3 of these patients died during treatment. Pharmacotherapy practice patterns and one year mortality outcomes for those managed conservatively will be determined. Other criteria were measured to determine other influences on AMI outcomes.

The data will be compared to observations for the 1990 - 1993 National registry of Myocardial Infarction (NRMI) and the 1996 California Hospital Outcomes Project's study on acute myocardial infarctions.