The real world in diagnosis and treatment of acute coronary syndrome in Brazil

O mundo real do diagnóstico e tratamento da síndrome coronariana aguda no Brasil

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Chest pain, sweating, tingling in the arms, indigestion "upset stomach", jaw pain, undefined discomfort or shortness of breath, these may be manifestations of an acute myocardial infarction (AMI), the second leading cause of death in Brazil. By having so many unspecific symptoms, it is difficult for a layman to identify them and seek specialized medical care in a timely manner.

The article by Bastos et al. [1] published in this issue of the BJCS, demonstrates that the population took 9 hours and 54 minutes on average to seek medical attention. Patients treated in less time had a better prognosis. The emergency treatment decreases morbimortality and, consequently, the public costs for treating heart failure and other sequelae of AMI. The delay in recognizing the symptoms of AMI found in this article demonstrates the lack of knowledge of the population about the acute coronary syndrome (ACS). The work also demonstrates that the typical individual suffering AMI also has eating habits with high levels of fat.

Besides educating the population to identify the symptoms, the strategic distribution of chest pain units (CPU) close to patients is essential. A professional qualification should be adequate to meet emergencies. Units equipped with necessary materials and equipment as well as trained personnel needs to be disseminated throughout the country. Careers should be attractive to keep specialist physicians experienced in the diagnosis of ACS in these units. We have shown in our practice the difficulty of physicians in emergency departments to make proper diagnosis of ACS in CPU. Sometimes we receive patients with acute aortic dissection (AAD) on use of antiplatelet agents due to the difficulty in differentiating acute aortic dissection from ACS.

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What can currently be noticed in our country are inexperienced, underpaid professionals working in poorly equipped services. This article demonstrates the reality of São José do Rio Preto, state of Sao Paulo, center of excellence in cardiovascular care, with a population at a

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higher education level than the average in the country. Possibly, we must have worse realities in Brazil. Taking into consideration this reality, there is an evident need for investment in education: the public and health professionals, so the ACS care service can be performed with excellence.

Medical societies should encourage continuing education. The careers of Emergency physicians need to be exciting to keep competent doctors working on the CPU. Basic education with an emphasis on health and media campaigns can help alert people to seek medical attention in a timely manner. We need to educate the population about prevention and treatment of diseases!

REFERENCE

1. Bastos AS, Beccaria LM, Contrin LM, Cesarino CB. Tempo de chegada do paciente com infarto agudo do miocárdio em unidade de emergência. Rev Bras Cir Cardiovasc. 2012;27(3):411-8.