

**DETERMINE THE RISK OF LONG-TERM COMPLICATIONS IN PATIENTS WITH ACUTE CORONARY SYNDROME**

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**Abstract** One of the hot topics of modern healthcare is acute coronary syndrome (ACS). During the work it was carried out assessment of the hospital stage of patient management, patient adherence to treatment, long-term clinical and social consequences

**Key words:** acute coronary syndrome, healthcare, unstable angina, myocardial infarction

**ОПРЕДЕЛЕНИЕ РИСКА ОТДАЛЕННЫХ ОСЛОЖНЕНИЙ У БОЛЬНЫХ ОСТРЫМ КРОНАРНЫМ СИНДРОМОМ**

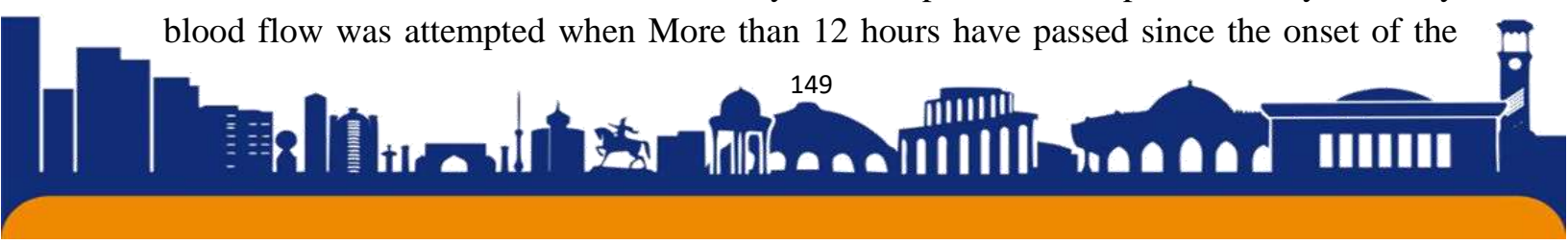
**Аннотация** Одной из актуальных тем современного здравоохранения является острый коронарный синдром (ОКС). В ходе работы была проведена оценка госпитального этапа ведения пациентов, приверженности пациентов к лечению, отдаленных клинических и социальных последствий.

**Ключевые слова:** острый коронарный синдром, здравоохранение, нестабильная стенокардия, инфаркт миокарда.

**The purpose** check the hospital stage of patient management was assessed: an assessment was made of existing risk factors, associated and comorbid conditions, tactics management and drug therapy.

**Materials and methods.** The study group included 80 patients aged not over 63 years old, hospitalized in the cardiology department with a diagnosis of ACS since 2008 to 2013. Among the patients, 56 were men (73%) and 24 women (27%). In addition, 20 people (25%) in The study group included young people (30–49 years old). In the older age group (50–63 years), which amounted to 75%.

**Results.** In the group of patients we studied, who reperfusion therapy was carried out, 59% of patients it was performed in the first 3 hours, in 15.4% of patients from the onset of the disease passed from 3 to 6 hours; in 17.1% of cases, reperfusion was performed in the interval from 6 to 12 hours, and only 7.2% of patients attempted recovery coronary blood flow was attempted when More than 12 hours have passed since the onset of the



disease. At the time of discharge of patients from hospital, 36.1% of people were diagnosed with Q-shaped MI, 33.5% of patients had NS, 22% of those treated were discharged with a diagnosis of non-Q-MI. In 4.7% of patients, MI was diagnosed using necrosis markers, and in 3 people (1.6%) cardiac infarction was verified after coronary angiography syndrome "X".

Subsequently, patients were observed on an outpatient basis. When surveying patients, it was found that 92.1% of them subsequently independently monitor their blood pressure levels. At the same time, the target level was achieved only in 60.4% of patients, while a third of patients (31.7%) hypertension persists, and another 7.9% blood pressure not controlled.

**Conclusions:** When analyzing the long-term consequences of an ACS and the management of patients at the outpatient stage, it was found that 12% of patients after hospital discharges are not monitored in the clinic. Among patients observed by a doctor, a number of studies that are most important for a patient with coronary artery disease are performed insufficiently often, such as such as ECG, echocardiography, cholesterol level determination and lipid spectrum indicators. In addition, extremely low patient adherence was revealed drug therapy.

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