

ABSTRACT

Acute myocardial infarction (AMI) is becoming one of the leading causes of morbidity and mortality in Myanmar population. The delay in receipt of standard cardiac treatment is the main cause of increasing both early and late mortality in acute myocardial infarction. This study aimed to determine the relationship between the delay in receipt of standard cardiac treatment and selected clinical outcomes of acute myocardial infarction patients admitted to Yangon General Hospital (YGH). The data of AMI patients who were admitted to YGH during March to September 2015 were collected from the hospital records by using the proformas containing background characteristics, selected behavioral risk factors and selected potential confounders after having the permission from Medical Superintendent, YGH.

The mean age was 60 (sd=12), majority (74%) were male, (89 %) were married, more than half (59%) had hypertension and one-third had diabetes mellitus. Only 7% of patients reached within 2 hours of symptoms onset while nearly half of patients reached after 12 hours of symptoms onset. Nearly half of the patients were clinically unstable at the time of admission and more than half (53%) faced the serious clinical outcomes such as death or alive with serious complications. Older age group, female gender, coexisting hypertension and diabetes mellitus, unstable condition on admission had association between increasing time lag and serious clinical outcomes among acute myocardial infarction patients. According to multiple logistic regression analysis, the significant association were observed between the serious clinical outcomes and the time to receipt the standard cardiac treatment ≥ 12 hours ($p < 0.05$, OR=3.4, 95%CI=1.3, 8.8), age ≥ 60 years ($p < 0.01$, OR=3.2, 95%CI=1.7, 6.0), and unstable conditions at the time of admission ($p < 0.01$, OR=5.7, 95%CI=3.6, 8.9). This study highlighted the importance of time lag between symptoms onsets and receipt treatment and identification of potential behavioral risk factors and comorbidities which are very useful to advocate the public awareness regarding the benefits of receiving early treatment among acute myocardial infarction patients.