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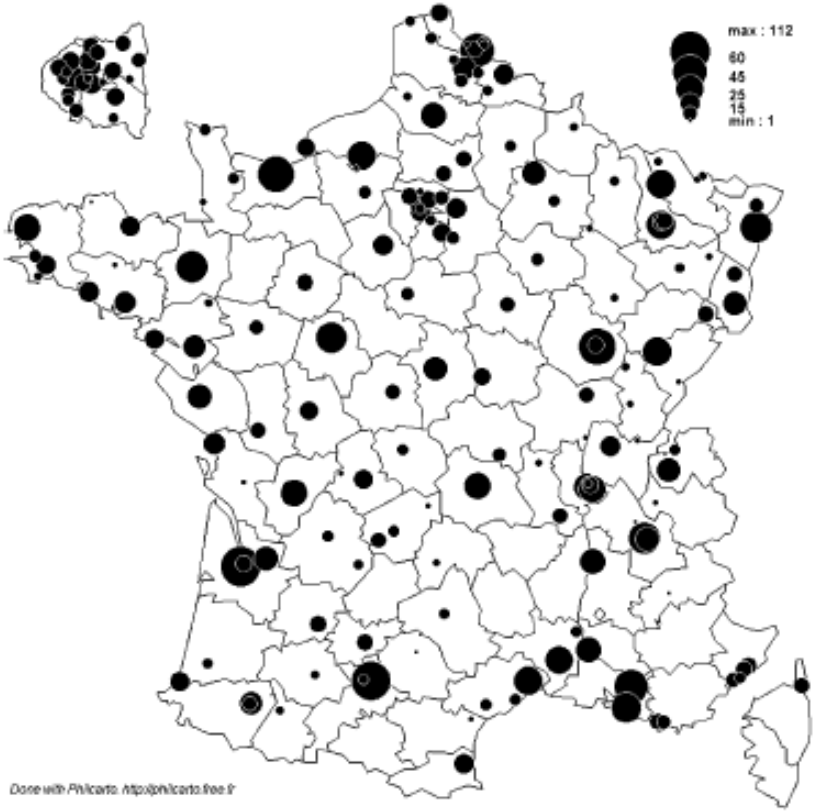


Strengths of the study

- Homogeneous distribution of enrolling centers across the whole country
- High participation rate
- Patients enrollment using similar criteria over a period of 15 years
- On-line data recording by dedicated research technicians
- Sponsored by the French Society of Cardiology

Weaknesses of the study

- Potential biases related to the prevalent inclusion of large volume hospitals
- Lack of information on infarct size and MVO
- Lack of assessment of EF at discharge
- Lack of follow-up data on recurrence of acute coronary events

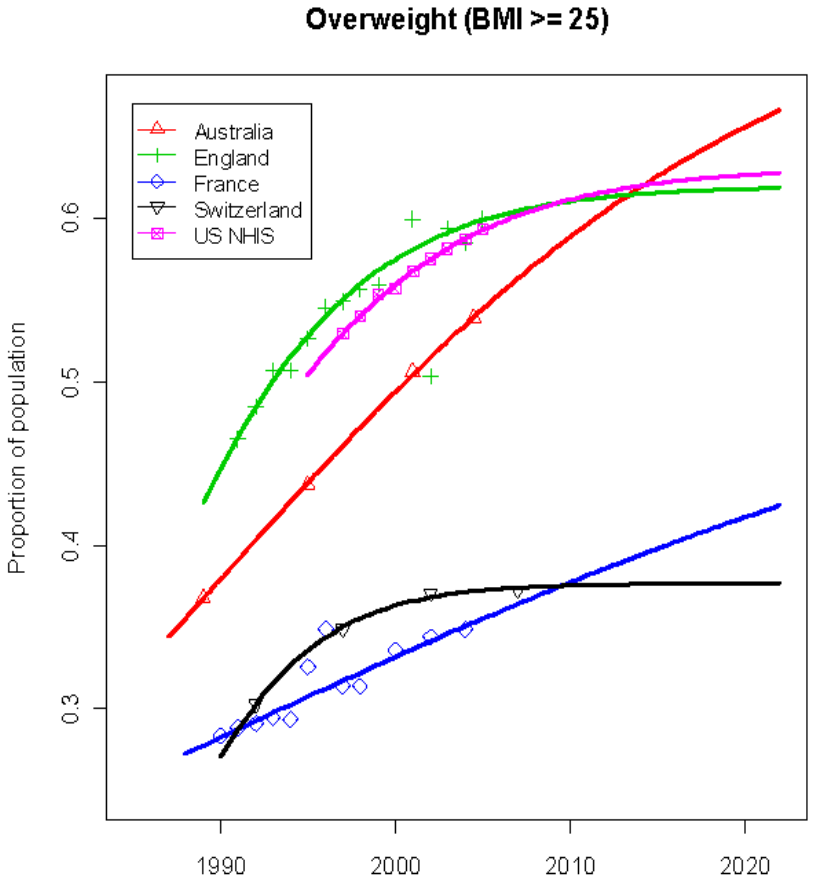
Main points to discuss

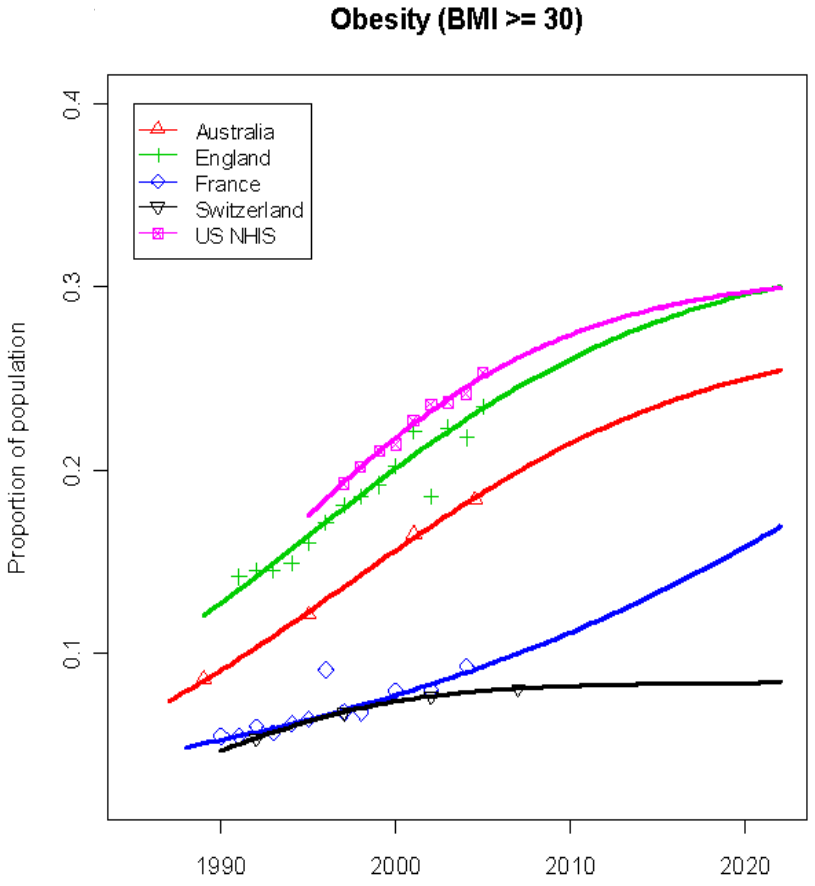
- **Decreasing age at the time of STEMI**
  - **Causes**
    - **Increasing prevalence of risk factors**
- **Decreasing mortality rate regardless of the initial reperfusion strategy**
  - **Causes**
    - **Decreasing time of pain onset to first medical contact**
    - **Increasing use of statins**
    - **Increasing use of a pharmaco-invasive approach**

Decreasing age at the time of STEMI

	1995	2000	2005	2010	P value
Age (years)	66.2±14.0	64.5±14.6	64.0±14.7	63.3±14.5	<0.001
Risk factors					
Hypertension	43.8	43.6	49.2	47.0	0.006
Hypercholesterolemia	34.8	39.0	43.4	39.3	0.001
Current smoking	32.0	35.3	37.2	40.9	<0.001
Obesity	14.3	16.3	20.8	20.1	<0.001

Decreasing age at the time of STEMI



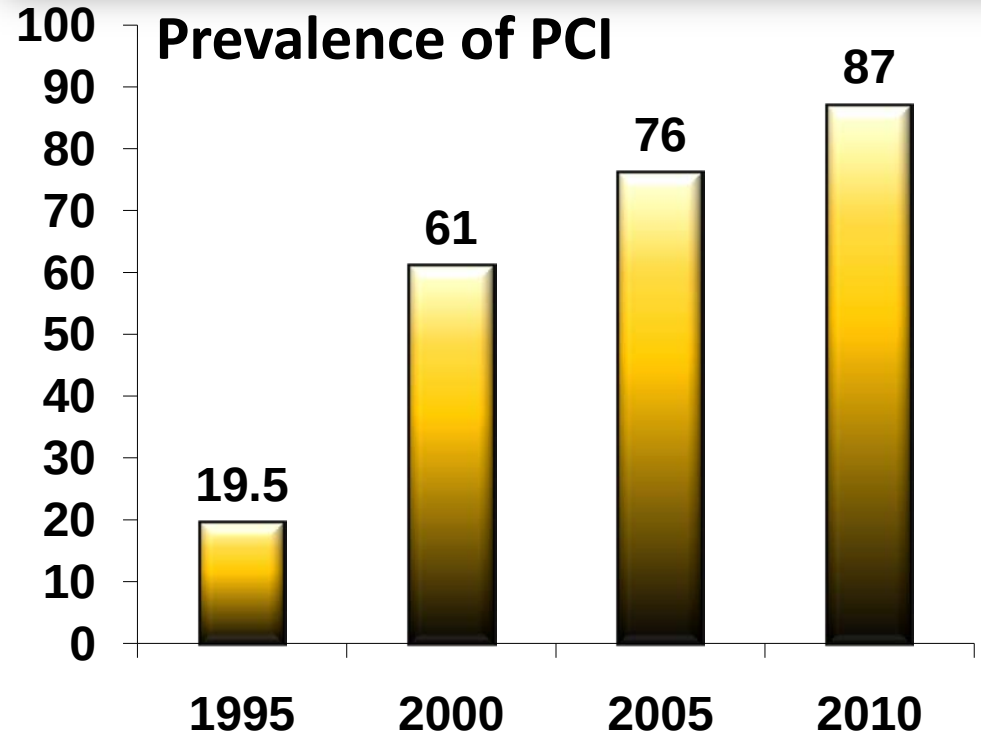


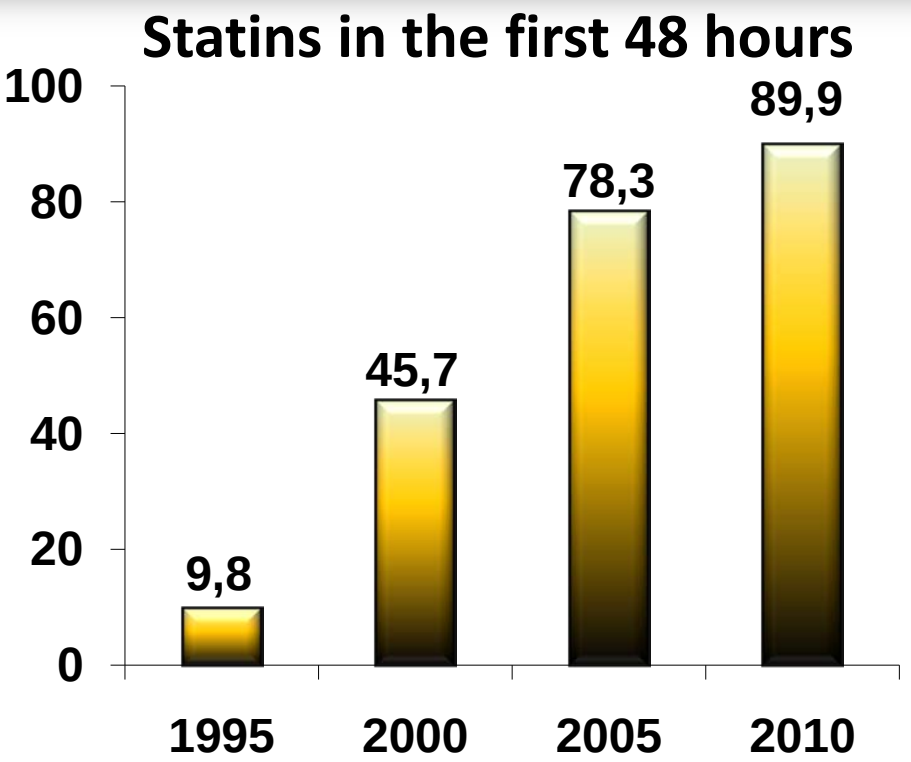
(Shneider et al, Int J Env Res Public Health 2010)

Obesity	14.3	16.3	20.8	20.1	<0.001

Decreasing mortality regardless of initial reperfusion strategy

	2000	2005	2010
Time to FMD (min)	120	90	74

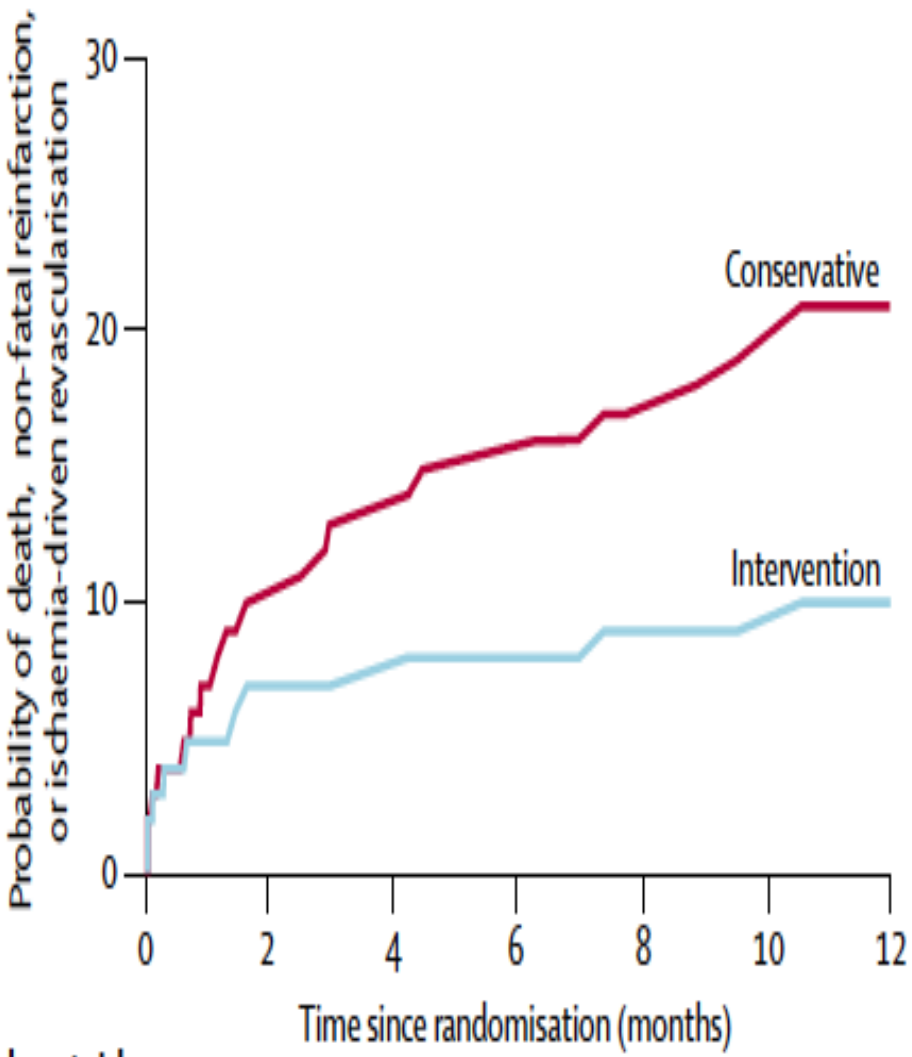




PCI after lysis

15% 60% 84% 87%

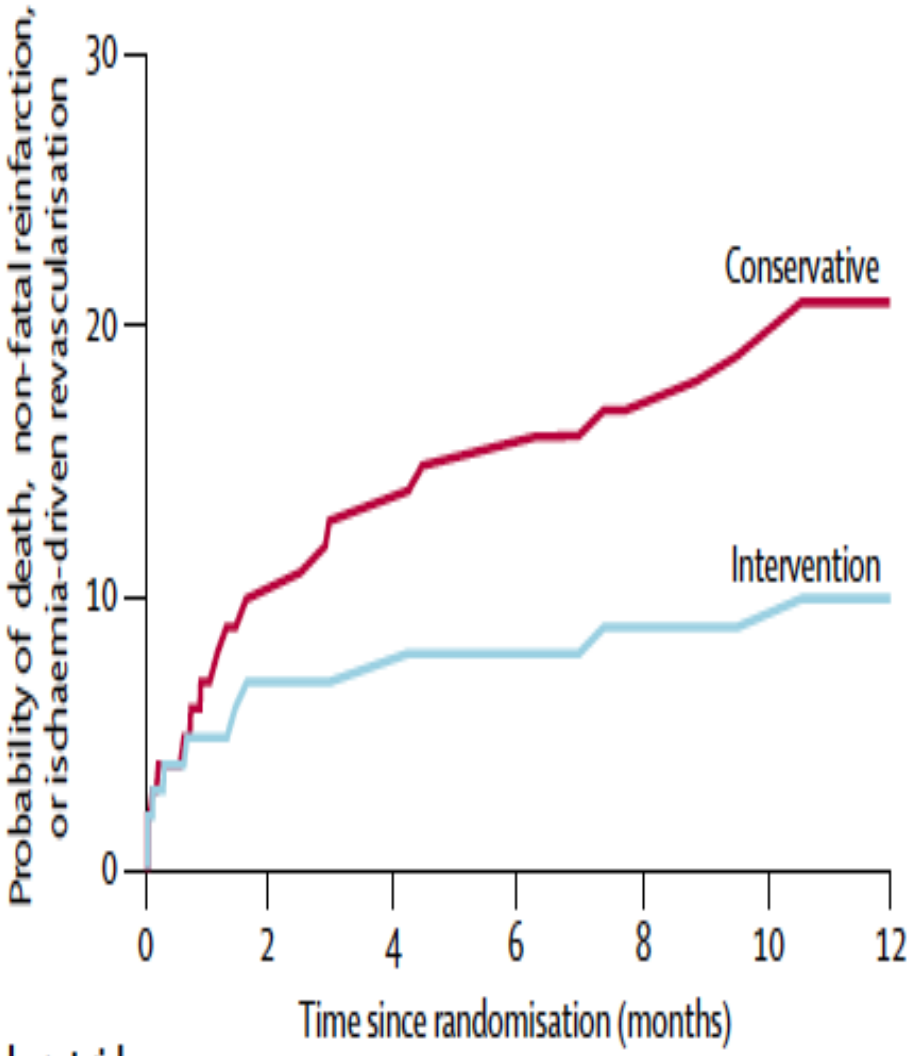
GRACIA-1, Lancet 2004



Number at risk

Intervention	248	230	228	226	223	222	221
Conservative	251	225	217	211	208	202	195

GRACIA-1, Lancet 2004



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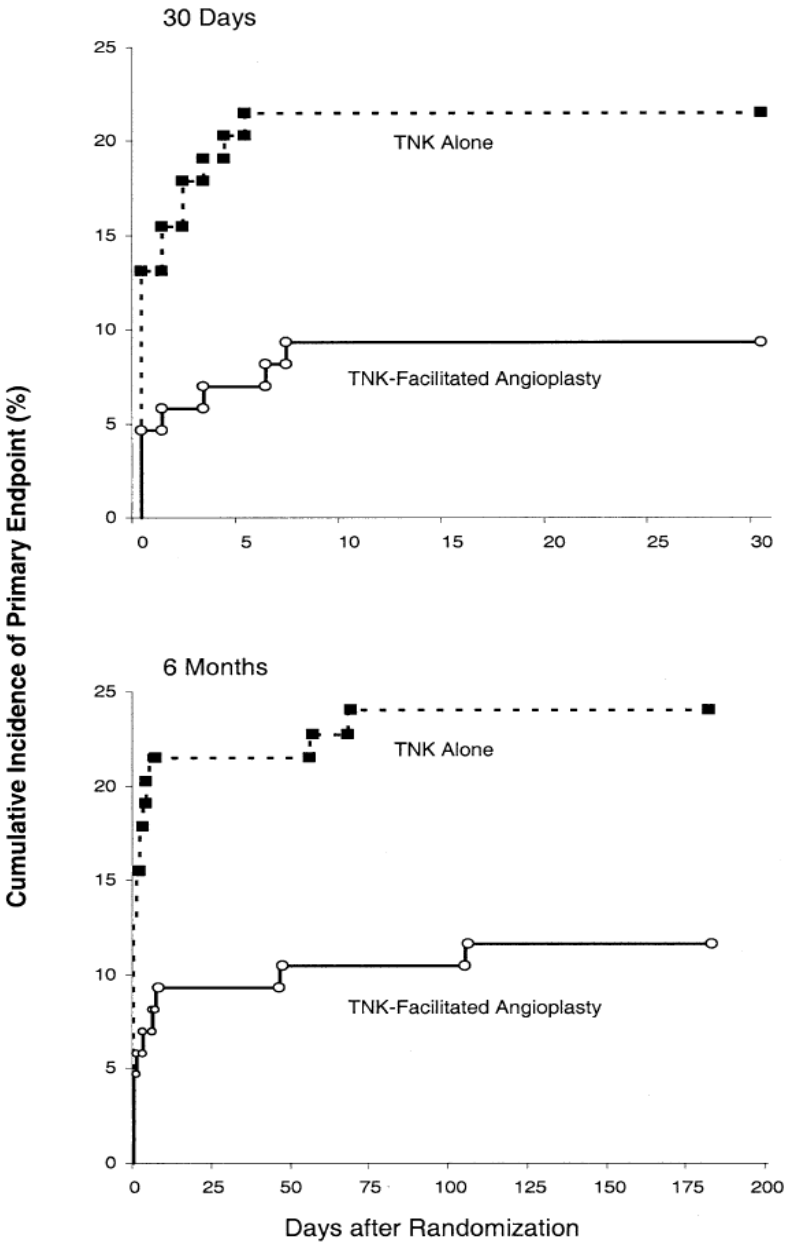

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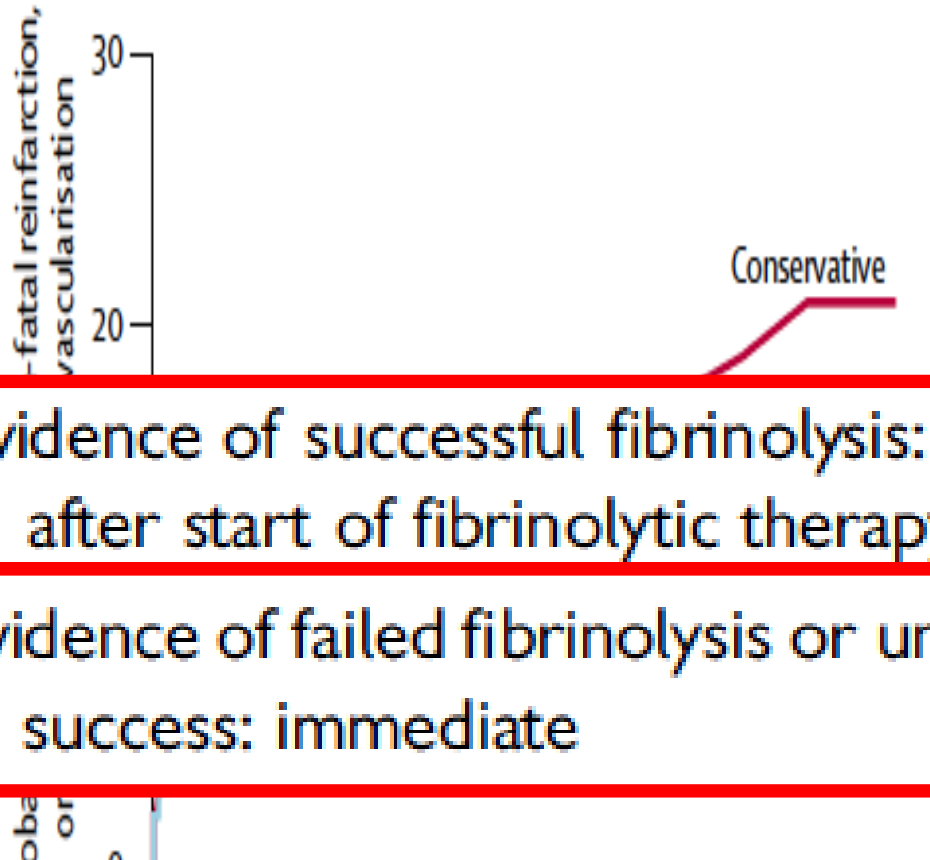

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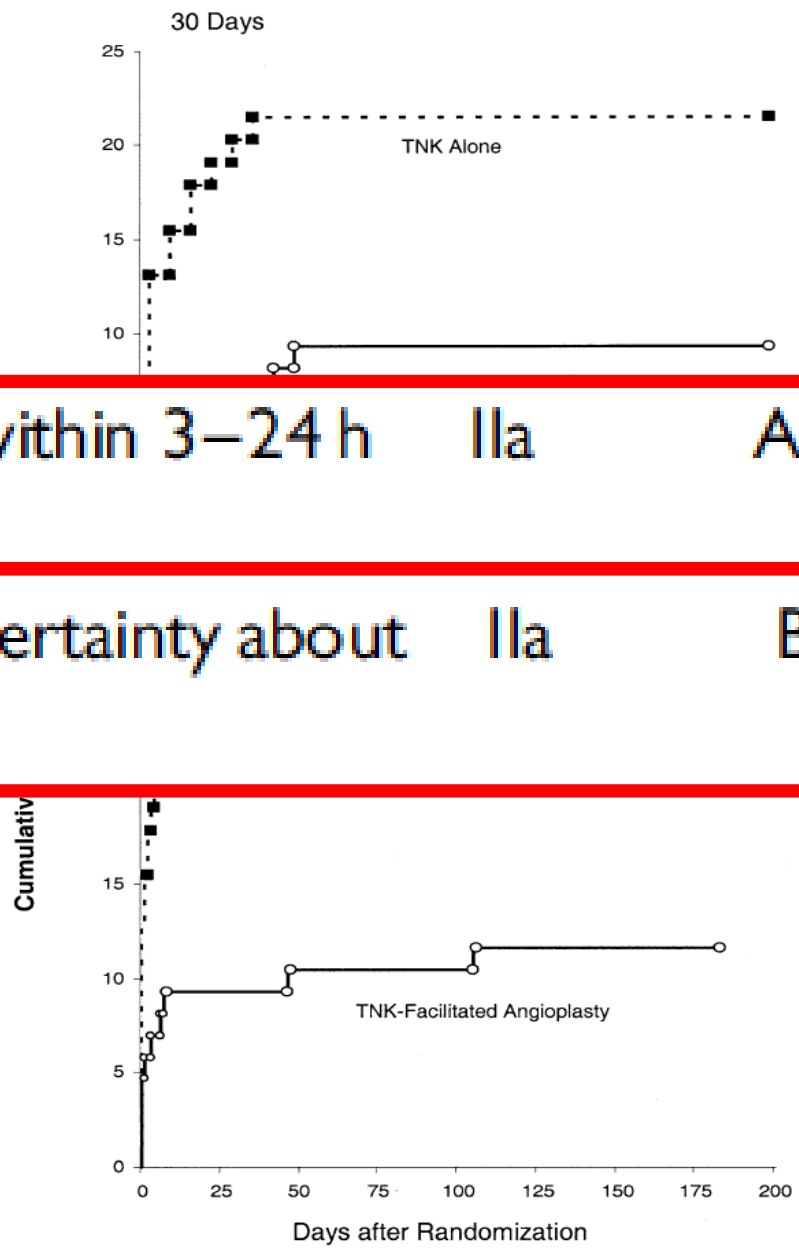
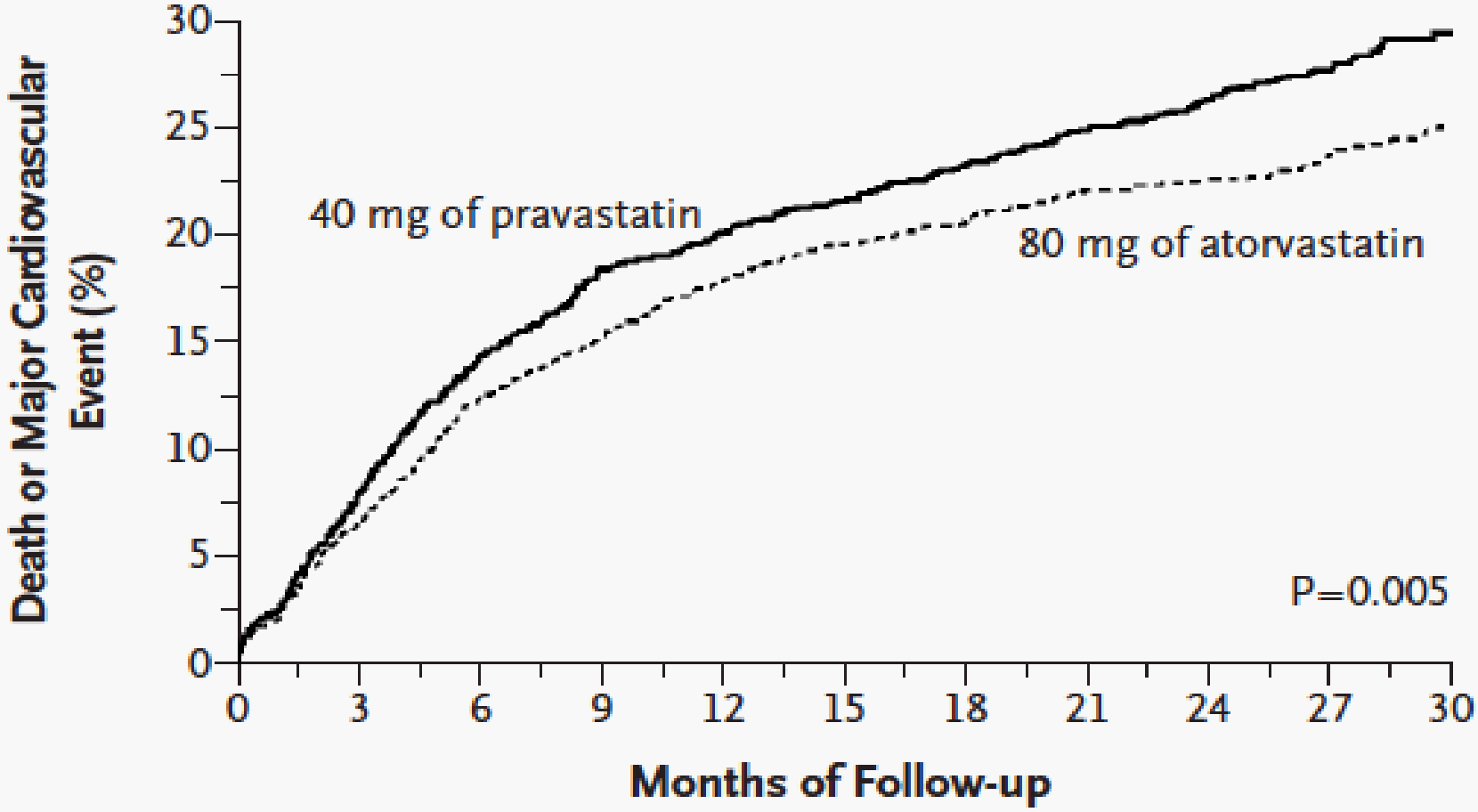


Evidence of successful fibrinolysis: within 3–24 h after start of fibrinolytic therapy	IIa	A
Evidence of failed fibrinolysis or uncertainty about success: immediate	IIa	B

PROVE-IT: benefit of early intensive statin treatment in ACS (NEJM 2004)



No. at Risk						
Pravastatin	2063	1688	1536	1423	810	138
Atorvastatin	2099	1736	1591	1485	842	133

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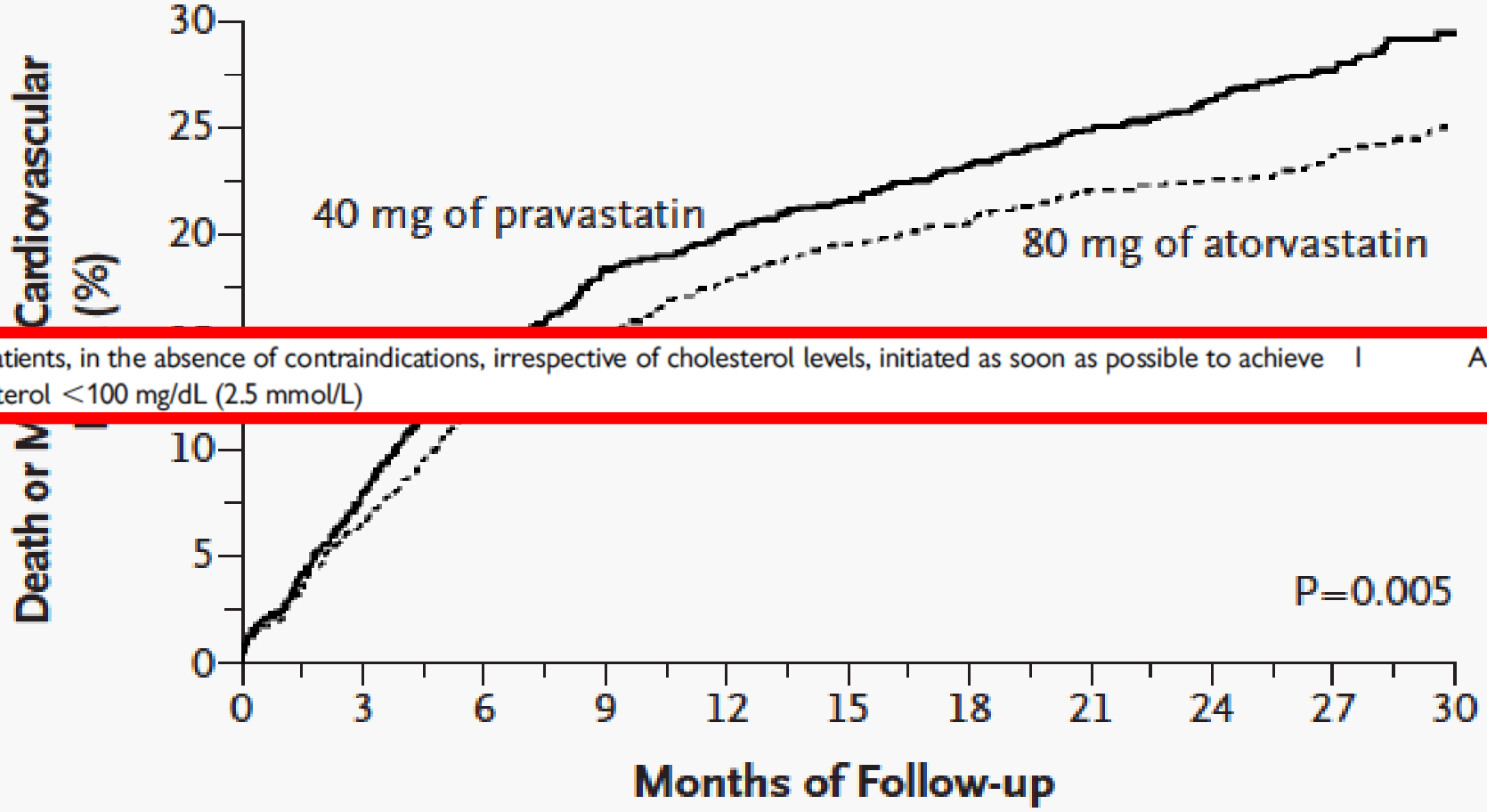
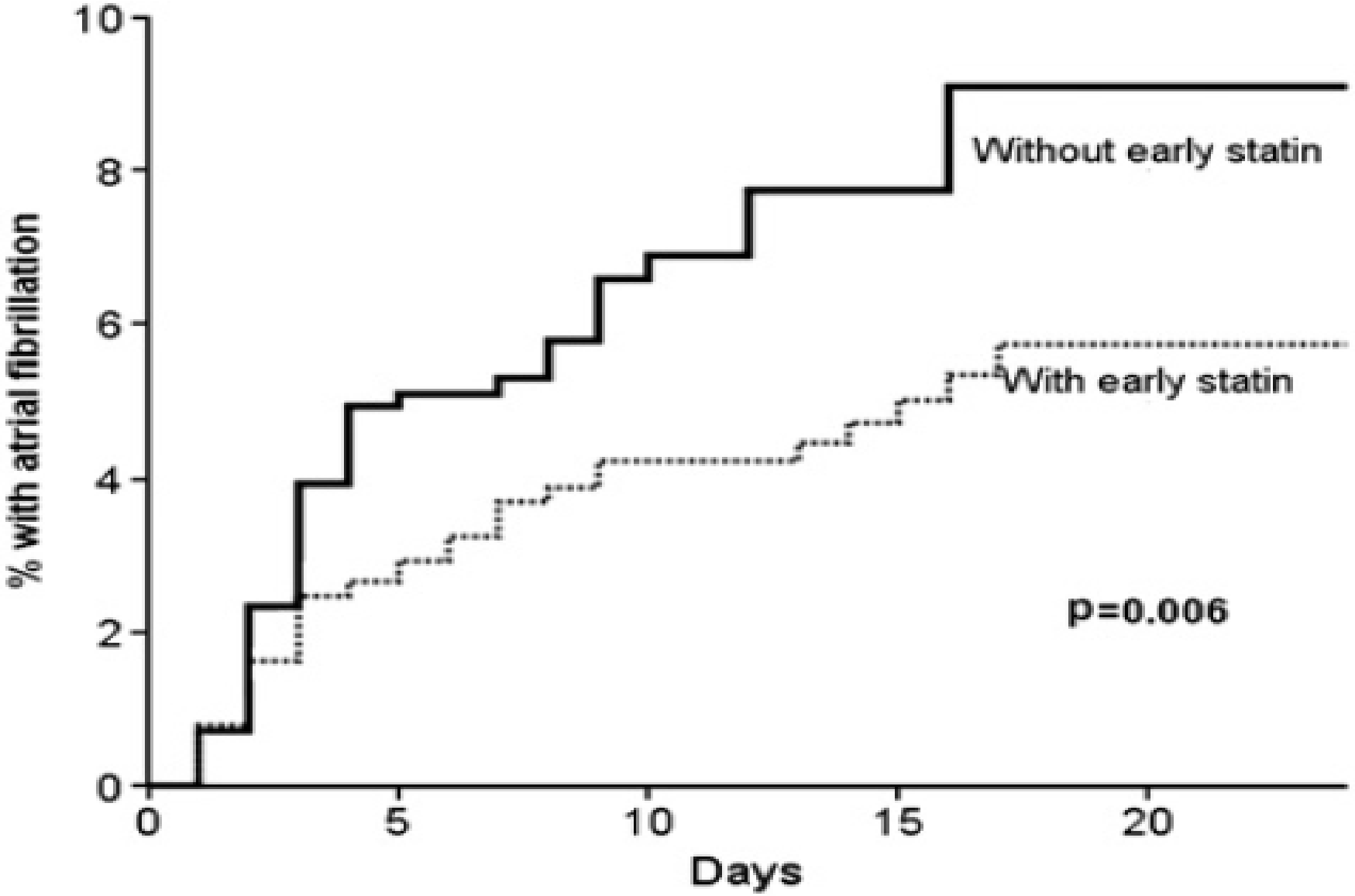


Statins in all patients, in the absence of contraindications, irrespective of cholesterol levels, initiated as soon as possible to achieve LDL cholesterol <100 mg/dL (2.5 mmol/L) I A

No. at Risk						
Pravastatin	2063	1688	1536	1423	810	138
Atorvastatin	2099	1736	1591	1485	842	133

Beneficial effects of statins in STEMI (FAST-MI, HEART 2010)



Final remarks

- **The battle against risk factors is not over**

- **The benefits of an invasive strategy and of early intensive statin treatment in STEMI, shown in CRT and highlighted in Guidelines, have been confirmed in this excellent French survey**

The virtuous circle