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Background: New antiplatelet agents such as ticagrelor and prasugrel are reported to improve clinical outcomes of patients with acute coronary syndrome (ACS). In Korea, new antiplatelet agents were introduced in Jan 2011 and insurance coverage became available since July 2012. Using national database, we investigated the trend of antiplatelet agents use for ACS and their impact on clinical outcomes.

Methods: Korean Health Insurance Review & Assessment Service database was searched to identify ACS patients between 2010 and 2015. ACS cases were defined as admissions with a diagnosis of I20~23 (ICD-10). Also, information of comorbidity, procedure or surgery, and medications during the admission was collected. Clinical events were defined as death, readmission for ACS, and bleeding.

Results: Between 2010 and 2015, total 618,697 patients were admitted for ACS. Mean age of the patients was 65.3 ± 14.3 years, and 56.7% were male. About half of the cases were unstable angina (49.5%), and then ST-elevation myocardial infarction (STEMI, 7.4%) and non-STEMI (5.7%) followed. Mean duration of the admission was 9.8 ± 17.5 days. Patients who received percutaneous coronary intervention or bypass graft surgery were 28.8% and 0.95%, respectively. Ticagrelor was used only in 1.5% of ACS patients, and prasugrel was for 0.4%. Ticagrelor was used most frequently for STEMI patients who received PCI (6.2%). Prasugrel was used only 1.7% even in those patients.

Conclusions: Even with the improved efficacy, new antiplatelet agents have not been used widely in Korea. Details and clinical outcomes according to antiplatelet agents will be presented in the conference.