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## CLINICAL RESEARCH

# Optimizing the management of acute coronary syndromes in sub-Saharan Africa: A statement from the AFRICARDIO 2015 Consensus Team



*Optimiser la prise en charge des syndromes coronaires aigus en Afrique subsaharienne : consensus du groupe AFRICARDIO 2015*

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**Abbreviations:** ACS, acute coronary syndrome; ECG, electrocardiogram; EMS, emergency medical service; PCI, percutaneous coronary intervention; STEMI, ST-segment elevation myocardial infarction.

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## KEYWORDS

Acute coronary syndromes;  
Myocardial infarction;  
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## Summary

**Background.** — Whereas the coronary artery disease death rate has declined in high-income countries, the incidence of acute coronary syndromes (ACS) is increasing in sub-Saharan Africa, where their management remains a challenge.

**Aim.** — To propose a consensus statement to optimize management of ACS in sub-Saharan Africa on the basis of realistic considerations.

**Methods.** — The AFRICARDIO-2 conference (Yamoussoukro, May 2015) reviewed the ongoing features of ACS in 10 sub-Saharan countries (Benin, Burkina-Faso, Congo-Brazzaville, Guinea, Ivory Coast, Mali, Mauritania, Niger, Senegal, Togo), and analysed whether improvements in strategies and policies may be expected using readily available healthcare facilities.

**Results.** — The outcome of patients with ACS is affected by clearly identified factors, including: delay to reaching first medical contact, achieving effective hospital transportation, increased time from symptom onset to reperfusion therapy, limited primary emergency facilities (especially in rural areas) and emergency medical service (EMS) prehospital management, and hence limited numbers of patients eligible for myocardial reperfusion (thrombolytic therapy and/or percutaneous coronary intervention [PCI]). With only five catheterization laboratories in the 10 participating countries, PCI rates are very low. However, in recent years, catheterization laboratories have been built in referral cardiology departments in large African towns (Abidjan and Dakar). Improvements in patient care and outcomes should target limited but selected objectives: increasing awareness and recognition of ACS symptoms; education of rural-based healthcare professionals; and developing and managing a network between first-line healthcare facilities in rural areas or small cities, emergency rooms in larger towns, the EMS, hospital-based cardiology departments and catheterization laboratories.

**Conclusion.** — Faced with the increasing prevalence of ACS in sub-Saharan Africa, healthcare policies should be developed to overcome the multiple shortcomings blunting optimal management. European and/or North American management guidelines should be adapted to African specificities. Our consensus statement aims to optimize patient management on the basis of realistic considerations, given the healthcare facilities, organizations and few cardiology teams that are available.

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## MOTS CLÉS

Syndromes coronaire aigu ;

## Résumé

**Contexte.** — Alors que la mortalité liée à la maladie coronaire a diminué dans les pays industrialisés, son incidence augmente en Afrique subsaharienne où le traitement des syndromes coronaires aigus (SCA) reste problématique.

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