Age and Gender Differences in Quality of Care and Outcomes for Patients with ST-segment Elevation Myocardial Infarction. Sripal Bangalore, MD, MHA, Gregg C. Fonarow, MD, Eric D. Peterson, MD, MPH, Anne S. Hellkamp, MS, Adrian F. Hernandez, MD, Warren Laskey, MD, W. Frank Peacock, MD, Christopher P. Cannon, MD, Lee H. Schwamm, MD, Deepak L. Bhatt, MD, MPH, for the Get with the Guidelines Steering Committee and Investigators. The American Journal of Medicine (Epub 6/28/12)

We analyzed over 31,000 patients with ST segment elevation myocardial infarction (heart attack) from the Get With The Guidelines-CAD registry and found that

- 1 in 10 people with a heart attack are younger than 45 years
- Young patients aged 45 years or less presenting with ST-segment elevation myocardial infarction overall had similar quality of care and in-hospital outcomes as older counterparts
- The quality of care for these patients has steadily increased over the last decade
- However, quality of care was significantly lower and mortality was higher in women (vs. men) and the very young (<35 years vs. 36-45 years) emphasizing the need to increase public awareness about these high-risk subgroup of patients.

The Get With The Guidelines-CAD registry provided an unique opportunity to assess quality of care and inhospital outcomes over the last decade in young patients when compared with older counterparts presenting with ST-segment elevation myocardial infarction.

See Publication

Dr. Bangalore is the AHA Get With The Guidelines Young Investigator Seed Grant Awardee for this work.

Dr. Bangalore completed his residency in Internal Medicine and fellowship in Cardiovascular Medicine at St. Luke's Roosevelt Hospital, Columbia University College of Physicians and Surgeons, New York, NY. He went on to complete a fellowship in Interventional Cardiology at Brigham and Women's Hospital in Boston, MA. He then served as the Associate Medical Director for Trial Design at Harvard Clinical Research Institute. Currently, he is Assistant Professor of Medicine and the Director of Research of the Cardiac Catheterization Laboratory and Director of Cardiovascular Outcomes Groups at New York University School of Medicine. His clinical focus is in interventional cardiology with expertise in cardiac catheterization, coronary artery angioplasty and stenting. His research focuses on patients with acute coronary syndromes, hypertension and evaluating
treatment strategies for management of stable ischemic heart disease. He has published more than 130 articles in leading national and international journals.

**Trends in Smoking-Cessation Counseling: Experience from Get With The Guidelines.** Pei-Hsiu Huang, MD; Charles X. Kim, MD; Amir Lerman, MD; Christopher P. Cannon, MD; David Dai, PhD; Warren Laskey, MD; W. Frank Peacock, MD; Adrian F. Hernandez, MD, MHS; Eric D. Peterson, MD, MPH; Eric E. Smith, MD, MPH; Gregg C. Fonarow, MD; Lee H. Schwamm, MD; Deepak L. Bhatt, MD, MPH. *Clin. Cardiol.* 35, 7, 396-403 (2012)

**Key points:**

- Smoking cessation is an oft-overlooked intervention that can have a large impact on outcomes of patients with cardiovascular or cerebrovascular disease.
- Get With The Guidelines demonstrated that the implementation of a systems-based quality improvement program has successfully increased adherence in participating hospitals to a number of performance measures developed from national guideline recommendations.
- The main findings to take away from this specific study are:
  - After inception of Get With The Guidelines, the rate of smoking cessation counseling increased annually among patients admitted for coronary artery disease-related diagnoses or stroke.
  - The rate of smoking cessation counseling was lower among stroke patients compared with coronary artery disease patients throughout the study, though the magnitude of this difference decreased over time.
  - It is important to recognize and understand the reasons for this disparity in the rates of smoking cessation counseling between these two patient groups so we can try and address the additional barriers to providing this treatment to patients.
  - We should also recognize that the smoking cessation counseling performance measure does not assess the quality or effectiveness of the smoking cessation counseling provided. Therefore, the improvement in adherence to this metric that was seen in this study represents only the first, but important, step towards the ultimate goal of improving actual rates of smoking cessation in patients who have had a heart attack or stroke.

[See Publication](http://example.com)

Dr. Huang attended Emory University for his undergraduate studies. He also completed part of his undergraduate work at the University of Oxford, England, where he was involved in genetics research. After obtaining his bachelor's degree, he stayed at Emory University School of Medicine for his medical degree and residency training in Internal Medicine. He then completed fellowships in Cardiovascular Disease at Barnes-Jewish Hospital and Washington University School of Medicine in St. Louis, and Interventional Cardiology at Brigham and Women's Hospital. He is currently a fellow in structural heart and peripheral vascular intervention at Brigham and Women's Hospital. Dr. Huang's research interests include quality of care, treatment of acute coronary syndromes, and percutaneous treatment of valvular heart disease.

To view other Get With The Guidelines publications, please visit the [online library](http://example.com).