Pre-hospital delay of the patients with acute coronary syndrome in Bangladesh
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Acute coronary syndromes (ACS) remain a source of high morbidity and mortality among adults, despite advances in treatment. Treatment, modality, and success of ACS mainly depend on the time yielded since the onset of symptoms. Pre-hospital delay (PHD) is the time between the start of myocardial infarction (MI) symptoms and arrival at the hospital where either pharmacological or interventional revascularization is available. This delay remains unacceptably long worldwide, including in Bangladesh. The current study investigates several sociodemographic characteristics, clinical, social, and treatment-seeking behavior to discover the factors associated with decision time to be hospitalized and home-to-hospital delay. A cross-sectional study was conducted between July 2019 to June 2020 in 21 district hospitals and six medical college hospitals where cardiac care facilities were available. The patients with ACS who visited the studied hospitals during the study period were selected in this study. Following confirmation of ACS, a semi-structured data sheet was used to collect the patient data and analyzed. This study evaluated 678 patients of ACS from 30 districts of Bangladesh. The majority of the patients were male (81.9%), married (98.2%), rural residents (79.2), middle-aged (40-60 years age) (55.8%), low-income holders (89.4%), and overweight (56.9%). It was found that 37.5% of the patients got their first medical care after 12 hours of first appearing the symptom. The study found that the patients’ age, residence, education, and employment status are the significant factors for the PHD of ACS patients in Bangladesh. The patients with previous MI and chest pain were significantly early to arrive at the hospital with ACS. In addition, place of symptoms, first medical contact with private doctors, distance from symptoms to first medical contact, the decision about hospitalization, ignorance of symptoms, and mode of transport are significantly associated with PHD of the patients. The findings of this study may help the national health management system to identify the factors related to treatment delay in ACS and thus reduce ACS-related morbidity & mortality.