

## TN Model in Heart Attack Care

### Why in news?

\n\n

A unique model of heart attack care has brought down the time taken respond to cardiac episodes from 900 minutes to 170 minutes in Tamil Nadu.

\n\n

### What the new study says?

\n\n

\n

- The yearlong study has been funded by the **Indian Council of Medical Research (ICMR)**.

\n

- The landmark study, reduces the symptom-to-door time by effective, early and rapid reperfusion — restoring blood flow through blocked arteries, typical after a heart attack.

\n

\n\n

### How the traditional treatment is done?

\n\n

\n

- Traditionally, a heart attack is treated by two strategies of re-perfusion.

\n

- If a patient arrives at a hospital equipped with a catheterisation laboratory or 'cath lab', a procedure known as **Primary PCI (Percutaneous Coronary Intervention)** is performed — an urgent balloon angioplasty.

\n

- The patient is then 'Thrombolysed' — treated to dissolve clots in blood vessels, improve blood flow, and prevent damage to tissues and organs before being discharged.

\n

\n\n

## How the new model works?

\n\n

\n

- In the new model, STEMI India, a not-for-profit organisation, use the pharmaco invasive strategy, which can be administered in any small hospital or even in the ambulance.

\n

- The Classic STEMI India model has a hub hospital, where a cath lab is available and primary PCI is done for patients directly presented at these hospitals.

\n

- These are linked to peripheral spoke hospitals, where thrombolysis is done following which the patient is shifted within three to 24 hours to the hub hospital for invasive treatment.

\n

- Data was collected from the four hub hospitals and 35 spoke hospitals, before and after the implementation of the heart attack programme.

\n

- The pre-implementation data collection was for an average period of 15 weeks and the post implementation period of 32 weeks.

\n

- As a result of the study, there was a steep increase in the rural poor using Below-Poverty-Line (BPL) insurance schemes to access the STEMI system.

\n

\n\n

## Way ahead:

\n\n

\n

- Any heart attack treatment programme should consider the huge manpower and infrastructure deficiencies that exist in India.

\n

- Blindly following the American or European system would not be feasible in this country.

\n

\n\n

\n\n

**Source: The Hindu**

\n



**SHANKAR**  
**IAS PARLIAMENT**  
*Information is Empowering*