

新型コロナウイルス感染症パンデミックの急性冠症候群の入院数並びに治療戦略に対する影響

QIP参加病院のDPCデータを用いて日本における緊急事態宣言前後での急性冠症候群への診療への影響を検討した。緊急事態宣言の直後から急性冠症候群（急性心筋梗塞+不安定狭心症）の入院数は統計学的に有意に減少していた。急性冠症候群に対するPCI（経皮的冠動脈インターベンション）、CABG（冠動脈バイパス手術）、線溶療法の割合は緊急事態宣言の前後で変化が見られなかった。院内粗死亡率も緊急事態宣言の前後で悪化は見られず、背景因子を調整したロジスティック回帰分析でも同様であった。英語タイトル

Trends and treatment approaches for acute coronary syndrome during the COVID-19 pandemic

Using DPC data from QIP participating hospitals, we examined the impact of the declaration of a state of emergency on the treatment of acute coronary syndromes in Japan. There was a statistically significant decrease in the number of hospitalizations for acute coronary syndromes (acute myocardial infarction and unstable angina) immediately after the declaration of a state of emergency by using interrupted time series analyses. The rates of percutaneous coronary intervention, coronary artery bypass graft surgery, and fibrinolysis for acute coronary syndromes did not change before or after the declaration of the emergency. In-hospital crude mortality rates also did not worsen before or after the declaration of an emergency. The risk-adjusted logistic regression analysis also confirmed that the COVID-19 pandemic did not affect the in-hospital mortality.

