



Antiplatelet and Anticoagulant Treatments for Unstable AnginaNon-St Elevation Myocardial Infarction: Comparative Effectiveness Review Number 129

By U. S. Department of Health and Human Services

Createspace. Paperback. Book Condition: New. This item is printed on demand. Paperback. 818 pages. Dimensions: 9.2in. x 7.5in. x 1.9in. Acute coronary syndrome (ACS) encompasses three similar yet distinct disorders: (1) STelevation myocardial infarction (STEMI), (2) nonST elevation myocardial infarction (NSTEMI), and (3) unstable angina (UA). These disorders are often collapsed into just two categoriesSTEMI and UANSTEMIbecause UA and NSTEMI have a similar pathophysiology, mortality rate, and management strategy when compared with STEMI. In the United States, approximately 1.4 million people are diagnosed with ACS each year, and 70 percent of them have UANSTEMI. UANSTEMI is defined by the presence of ischemic chest pain (or an equivalent), the notable absence of ST segment elevation on electrocardiography, and the presence of either ST segment depression or T-wave inversion on electrocardiography and/or abnormal cardiac biomarkers. The pathophysiology of UANSTEMI involves six possible etiologies: (1) thrombus arising from a disrupted or eroded plaque, (2) thromboembolism from an erosive plaque, (3) dynamic obstruction (such as coronary spasm), (4) progressive mechanical obstruction, (5) inflammation, or (6) coronary artery dissection. Most patients with UANSTEMI have thrombus formation or progressive arterial narrowing that leads to subtotal occlusion of an

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