

Temporal Trends of Percutaneous Transluminal Coronary Angioplasty Procedure and Mortality Rates in the Brazilian Public Healthcare: a Real-World Data Analysis from 2014 to 2022



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Background

Percutaneous transluminal coronary angioplasty (PTCA) is among the technologies available to restore blood flow in coronary arteries, being the preferred choice for myocardial reperfusion in acute syndromes.



Objectives

Our aim is to describe **procedure** and **in-hospital mortality rates** trends of PTCA performed in Brazilian Public Healthcare System (SUS).



Methods

Hospital admission records from 2014 to 2022 reporting PTCA procedures were obtained from the SUS' Hospital Information System.

Annual procedure and in-hospital mortality rates per 100,000 population were age and sex standardized by the Revised European Standard Population¹.

Annual percent change (APC) with 95% confidence interval (CI) was estimated by linear regression of the logarithm-transformed standardized rates².

All analysis were performed using R.



Results



779,405 PTCA registered in SUS.

Average annual rate 57.6/100,00

- single-stent 19.9/100,000
- double-stent: 30.6/100,000
- primary: 6.3/100,000
- unspecified: 2.2/100,000

Procedure rates slightly increased in the period (APC 1.4%, 95%Cl 0.8 to 2.7%), derived from (Figure 1):

- primary (APC 5.3%, 95%Cl 3.2 to 7.5%)
- single-stent (APC 3.9%, 95%CI 1.8 to 6.1%)



Average annual in-hospital mortality rate was 1.9/100,000

21,729 in-hospital deaths registered

- single-stent 0.66/100,000

- double-stent: 0.56/100,000

- primary: 0.46/100,000

- unspecified: 0.7/100,000

Significant annual increase in the period (APC 2.5%, 95%Cl 1.2 to 3.7%), derived from (Figure 2):

- primary (APC 4.1%, 95%CI 1.5 to 6.7%)
- single-stent (APC 3.7%, 95%Cl 1.1 to 6.2%).

Figure 1. PTCA standardized rates by year

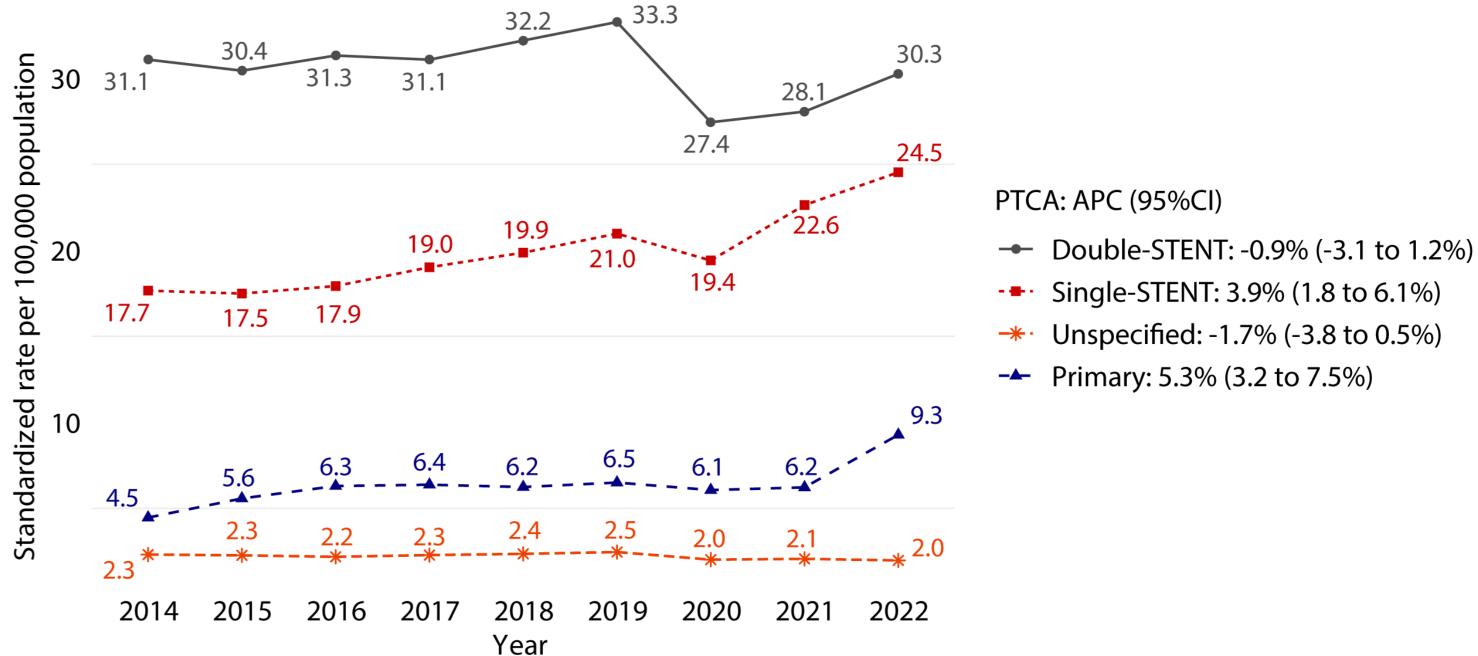
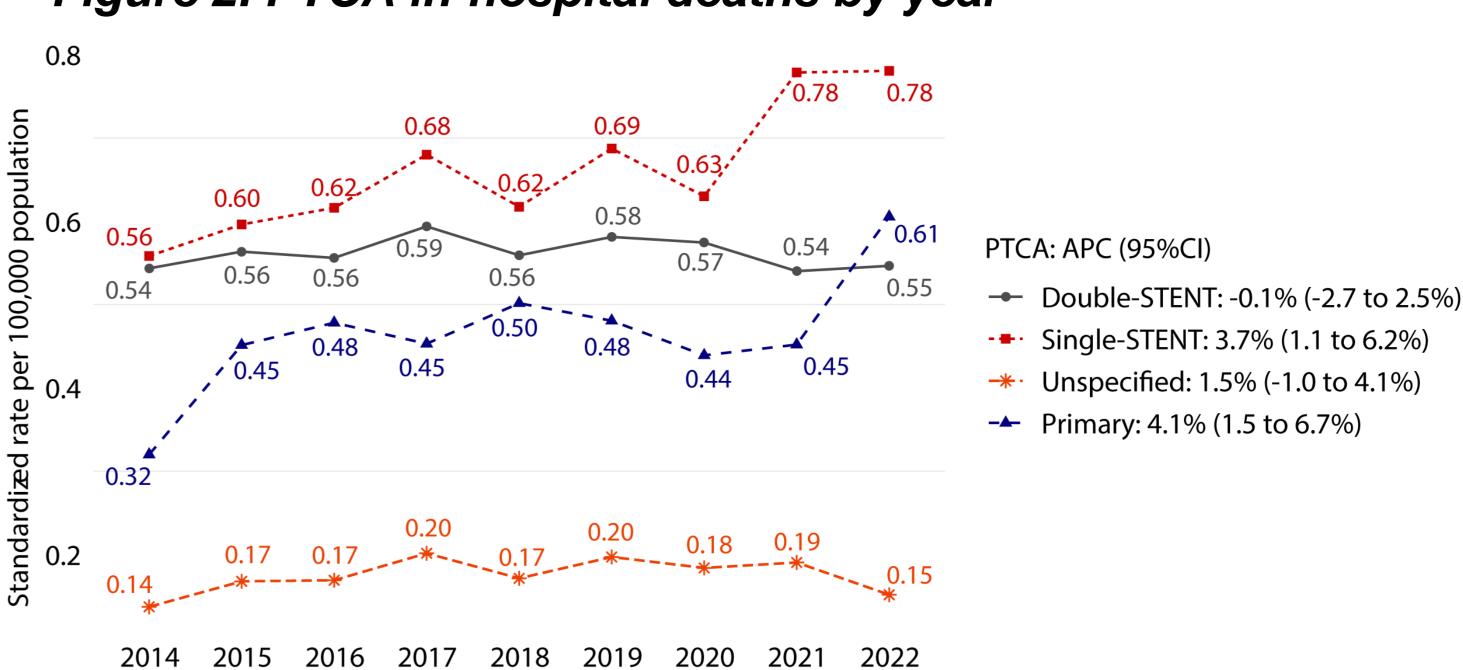


Figure 2. PTCA in-hospital deaths by year





Conclusions

- There was an increase of the annual PTCA procedures performed in SUS from 2014 to 2022. Single-stent implants and primary PTCA showed higher annual rate rise.
- PTCA annual in-hospital mortality rate increase surpassed the one for PTCA procedure rate.
- Even though, for single-stent and primary PTCA the increase in in-hospital mortality was lower than the procedure rate.
- This analysis may indicate the need for closer surveillance of the PTCA outcomes in the SUS.

References

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