

## Heart Attack/Acute Coronary Syndrome (ACS)

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ACS is an emergency. It present usually with severe chest pain (radiating to arm/jaw/back) and patients often look grey, clammy and unwell. it can also present itself as collapse of acute breathlessness. Diabetics often have less or no symptoms apart from not feeling right.

ACS is divided into unstable angina, NSTEMI and STEMI.

A STEMI is an ST elevation myocardial infarct where a coronary artery acutely occludes. It requires emergency treatment with primary angioplasty, an invasive procedure where the blockage is removed. It is very important to be quick as any time lost dithering or not calling the ambulance means greater damage to the heart and more risk of dying. Do not go to hospital, do not go to GP but call 999 as we have a dedicated service which is optimised to deliver fastest and best results.

NSTEMIs are heart attacks where there is usually no acute occlusion but insufficient flow in the coronary vessels so that damage occurs. It is also an emergency just as a STEMI. You also need to call 999!

Unstable angina is causing chest pain but without causing damage. It is a 'last warning' before a full heart attack and you also need to call 999 and get admitted for treatment. **Speed is of the essence!!!**

### Assessment

History and physical exam as well as an ECG and blood tests will be enough. The ECG is key. **Speed is of the essence!!!**

### Treatment

The aim is to restore blood flow in the arteries of the heart or to prevent total occlusion. Usually powerful blood thinning medication is given, usually Aspirin and a second anti-platelet drug such as Clopidogrel or Ticagrelor. In addition you usually get an injection of another blood thinner. The key is to stabilise/support you before

the invasive coronary angiogram with stent insertion if appropriate. **Speed is of the essence!!!**

### **DVLA Advise**

For group 1 entitlement (cars, motorcycles):

- Must not drive but need not notify the DVLA.
- Driving may resume 1 week after ACS if successful coronary intervention (stent) and if all of the following are met:
- no other urgent revascularisation planned (urgent means within 4 weeks of acute event)
- LV ejection fraction is at least 40% before hospital discharge
- there is no other disqualifying condition.

If not treated by successful coronary intervention or any of the above are not met, driving may resume only after 4 weeks from the acute event, provided there is no other disqualifying condition.

For group 2 entitlement (lorries, buses):

Must not drive and must notify the DVLA

For all ACS licence will be refused or revoked.

May be relicensed/licensed after at least 6 weeks if:

- the requirements for exercise or other functional tests can be met
- LV ejection fraction is at least 40%
- there is no other disqualifying condition

### **Take home message**

**If you think you may have one - call 999 as speed is of the essence!!!**