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Analgesic treatment of ST- segment elevation myocardial infarction (STEMI). Characterization and outcomes of concerned patients.

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Background and objective: analgesic treatment of acute myocardial infarction is recommended. Almost half the time, morphine is used. Some recent interactions (ATLANTIC study) lead to wonder about this practice.

Methods: Inclusion : all STEMI's from 2004 to 2015 data analyse of a regional registry. Secondary transfers were excluded from the analysis. Inclusion criteria: characterization, time limit for treatment, treatment and outcomes. Adjusted Odds Ratio (95% confidence interval, significant if p < 0.05).

Results: 14 892 patients have been analysed. Factors associated with analgesic treatment administration were: male gender, (0.81 [0.73-0.90] ; p < 0.0001), delay between chest pain and first medical care less or equal to 60 minutes (1.61 [1.46-1.78]; p < 0.0001), high blood pressure (1.11 [1.01;1.22]; p=0.037), dyslipidaemia (1.13 [1.02-1.24]; p = 0.0159).

Discussion: patient treated by analgesic were significantly differents from the others.

This should be taken into account in the interactions morphine / platelets aggregation inhibitor management

		Population	Morphine	
Sexe	Male	11 591	6 470 (56%)	*p = 0.0001*
	Female	3 258	1 720 (53%)	
Delay pain - first medical care	<60min	5 336	3 285 (61%)	*p < 0.0001*
	>60min	9 265	4 828 (52%)	
High Blood Pressure history	YES	5 924	3 150 (53%)	*p = 0,037*
	NO	8 494	4 886 (58%)	
Dyslipidaemia	YES	5 182	2 955 (57%)	*p = 0.0159*
	NO	9 237	5 082 (55%)	