



## Media release

The Christchurch earthquakes, cardiac arrest following drug poisoning, superwarfarin poisoning, Monday morning fever, party drugs, and more. These issues will be discussed at the Winter Symposium of the Australasian College for Emergency Medicine being held in Queenstown, New Zealand, July 10-12.

## Highlights for Monday July 11

**08.45** Dr Martin Than, Emergency Department, Christchurch Hospital: Advances in chest pain assessment – the ASPECT trial

A new two-hour diagnostic protocol for identifying patients presenting to emergency departments with chest pain but who at very low risk of a short-term major adverse cardiac event and who therefore might be suitable for early discharge has been developed by an international research team led by emergency physician Dr Martin Than from Christchurch Hospital.

The protocol has the potential to affect health service delivery worldwide.

A paper on the protocol was published in March in the prestigious medical journal, *The Lancet*.

Dr Than will describe the study and the protocol at the conference.

“Patients with chest pain contribute substantially to emergency department attendances, lengthy hospital stay, and inpatient admissions.

“A fast, reliable process of identifying patients presenting with chest pain who have a low short-term risk of a major adverse cardiac event is therefore needed to facilitate early discharge.”

The researchers studied over 3,500 patients prospectively to validate the safety of this predefined two-hour accelerated diagnostic protocol.

The 3582 patients were treated at 14 emergency departments in nine countries in the Asia-Pacific region, including New Zealand and Australia.

Patients were aged 18 years and older and they had experienced at least five minutes of chest pain.

During the 30-day follow-up, 421 (11.8%) had a major adverse cardiac event.

The protocol classified 352 (9.8%) as low risk and potentially suitable for early discharge.

A major cardiac event occurred in three of these patients, giving the protocol an accuracy of over 99%.

This novel protocol could be used to decrease the overall observation periods and admissions for chest pain, the researchers concluded.

**14.15** Dr Bergur Stefansson, Emergency Department, Christchurch Hospital

Achy quaky hearts. This is the title of a conference presentation by Dr Bergur Stefansson and colleagues from the Christchurch Hospital Emergency Department and University of Otago.

The 2010 Christchurch earthquake, a 7.1 magnitude earthquake which struck at 04:35 on 4 September 2010, is one of the strongest earthquakes in New Zealand history. And it was “a significant trigger” of heart attacks (acute myocardial infarction – AMI).

Dr Stefansson and colleagues reviewed the clinical records of Christchurch Hospital to find the number of hospitalised patients with AMI who presented on the day of the earthquake and the following 13 days.

They compared these records with those from a corresponding control period two weeks prior to the earthquake.

On the day of the earthquake, there was a marked increase in the number of patients presenting with AMI, from the daily average of 5.5 over four weeks to 17 on the day of the earthquake.

In the week following the earthquake there was a statistically significant increase of AMI – 59 compared to average of 38.5 each week.

That effect was not observed for the second week after the earthquake.

The significant increase the week following the earthquake was due to a significant increase in females, although there was no evidence of difference in the numbers of males per week.

The researchers concluded that the 2010 Christchurch earthquake was a significant trigger of AMI.

**CONFERENCE MEDIA CONTACT:**

Marilyn Bitomsky, phone 0412 884 114. There will be a conference media room at the Millennium Hotel, the conference venue. The phone number for that room is not yet known, but the main phone number for the hotel is +64 3 450 0150.

Conference convenor: Dr Amanda Holgate, phone +64 21 2777 827

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