MATERIAL

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METHODS
MATERIAL AND METHODS

This study was carried out in the patients of Acute Coronary Syndrome admitted in ICCU and medical wards in M.L.B. Medical College, Jhansi.

All patients of Acute Coronary Syndrome were divided into two groups.

Group "A": - Those who are patients of Acute Coronary Syndrome and receiving Tablet Roxithromycin 150mg BD.

Group "B": - Those admitted patients of Acute Coronary Syndrome but not receiving Tablet Roxithromycin.

Patient’s name, age, sex, history of alcohol intake, smoking, tobacco / gutka chewing, history of diabetes, obesity and other relevant history were taken. Patients’ family history of diabetes, hypertension, CAD were also taken. Patients complete examination were done followed by routine investigations e.g. blood sugar, blood urea, serum creatinine, serum bilirubin, CBC, urine routine, lipid profile, X-ray chest, 12 lead ECG.

DOSE : The dose of tablet Roxithromycin was 150mg BD.
Duration:- The duration of Roxithromycin therapy was one month.

METHODS :-

Follow up :- Follow up period for cases was one month.

Patients presenting with as ST elevation or non ST elevation AMI within 48 hour after symptoms onset were randomised within 5 days after admission to either one month treatment with antibiotic Roxithromycin 150mg BD or placebo.

AMI will be diagnosed in the presence of following 3 criteria.

1. Persistent angina pectoris lasting >20 minutes.

2. Elevation of creatine kinase > 3 times the normal upper limit with significant CK-MB elevation or elevation of troponin T (Troponin T was done after 12 hours of onset of symptoms but within 12 days.

3. Changes in ECG consistent with either ST elevation myocardial infarction (i.e. ST segment elevation of ≥ 1mm in at least 2 standard leads or ≥2 mm in at least 2 contiguous precordial leads or presence of left bundle branch block) or
ST segment depression of > 1mm in two contiguous leads or inversion of the T waves of > 1mm in at least 3 contiguous leads (non ST elevation myocardial infarction).

**Exclusion Criteria:** Pregnancy, Lactation, allergy to Roxithromycin, clinically relevant disease of the liver or central nervous system or other systemic diseases that could interfere with adherences to the study protocol.

**Methods of Assessment:**

- Clinical
- Laboratory

  i. Routine – Hb, TLC, DLC, ESR, CRP.

  ii. Specialized tests
      - Echo/ TMT
      - Resting ECG

- Side effect of drug used
  - Clinical
Laboratory

i. Liver function test.

ii. Renal function test.

They were evaluated through following headings:-

1. Whether death has occurred.

2. Whether patients developed recurrent myocardial infarction.

3. Whether developed recurrent angina.

4. Whether patients needed revascularisation.

5. Their cardiac status as judged by ECHO & /or TMT.

6. Whether stroke has occurred.

7. Post infarction angina.

REINFARCTION : Was diagnosed when at least 2 of the following criteria were fulfilled :-

1. New onset angina pectoris lasting >20 minutes.

2. New ST segment elevation of ≥1mm in at least 2 standard leads or ≥2mm in at least 2 contiguous precordial leads or New Q waves, not caused by index AMI.
3. New elevation of creatine kinase of more than twice the upper normal or new elevation of >50% of last measured value in the case of still persistent elevated values.

Post Infarction Angina: is defined as any angina pectoris within two weeks after the index AMI.

Stroke: defined as development of new neurological deficit persisting >24 hours.