Heart Foundation | CSANZ Cardiac Society of Australia and New Zealand

Australian clinical guideline for diagnosing and managing acute coronary syndromes 2025

What's new?

New terminology and definitions

This guideline adopts the new term acute coronary occlusion myocardial infarction (ACOMI).

ACOMI includes atherosclerotic and non-atherosclerotic causes, referred to in the previous guideline as 'type 1 myocardial infarction' and 'type 2 myocardial infarction' respectively.

This change in terminology is to emphasise clinical conditions which are considered equivalents to ST-segment elevation myocardial infarction (STEMI), such as spontaneous coronary artery dissection (SCAD), coronary embolism and coronary vasospasm or microvascular dysfunction. These equivalents are often under recognised in emergency settings, as they are similar in terms of clinical presentation and investigation findings.

Assessment and diagnosis

New guidance on the assessment and diagnosis of people with suspected or confirmed acute coronary syndromes (ACS):

- Description of multiple ECG patterns of ACOMI, beyond the traditional ST-segment elevation criteria, which should prompt consideration of emergency reperfusion.
- New clinical decision pathways incorporating high-sensitivity cardiac troponin assays to enable more efficient risk assessment compared with traditional (contemporary/conventional) troponin-based algorithms.
- For people classed as intermediate risk, invasive cardiac testing is now an option to further stratify and assess risk beyond 30 days.

Hospital care and reperfusion

New guidance on the acute management of people with STEMI or non-ST-segment elevation acute coronary syndromes:

- Stronger emphasis on the optimal timing of primary percutaneous coronary intervention (PCI) in people with STEMI:
  - <60 minutes from first medical contact at PCI-capable centres
  - <90 minutes from first medical contact at non-PCI capable centres/emergency services.
- New evidence for use of intravascular imaging-guided PCI in people with non-ST-segment elevation acute coronary syndromes.
- New recommendations for managing ACS with cardiac arrest and/or cardiogenic shock, including considerations for use of haemodynamic support devices and left ventricular assist devices.
- New recommendations on the treatment of multivessel disease, including specific timing of PCI of non-infarct related arteries and considerations for invasive physiology assessment.
- New recommendations for the management of ACS due to SCAD, including considerations for selective revascularisation.

Recovery and secondary prevention

New recommendations and guidance on non-pharmacological and pharmacological secondary prevention measures:

- More detailed advice on post-discharge care, including medicines and adherence strategies, vaccinations and screening for mental health conditions.
- Treatment algorithms to enable more tailored prescribing of antiplatelet and anticoagulation therapies.
- A new recommended treatment target for low density lipoprotein cholesterol (LDL-C) of <1.4 mmol/L and a reduction of at least 50% from baseline.
- New recommendations on select medicines including beta blockers and PCSK9 inhibitors.

Considerations for priority populations

- New practice points address the unique needs of priority populations with suspected or confirmed ACS, including women, older adults, First Nations peoples and people living in regional and remote areas.

Brieger D, Cullen L, Briffa T et al. National Heart Foundation of Australia & Cardiac Society of Australia and New Zealand: Comprehensive Australian clinical guideline for diagnosing and managing acute coronary syndromes 2025. 2025. https://www.heartfoundation.org.au/for-professionals/acs-guideline.

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