

# AMIS Plus Sponsors & Participants' Meeting



**AMIS**  
Acute Myocardial  
Infarction  
in Switzerland

## Program

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14:00-14:05	Welcome	Paul Erne
14:05-14:20	History and highlights of the AMIS Plus Registry	Paul Erne
14:20-14:30	Status of the AMIS Plus Registry	Dragana Radovanovic
14:30-14:45	Quality in Cardiovascular Medicine	Michael Zellweger
14:45-15:00	Quality measurements using the AMIS Plus Registry	Philip Urban

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15:00-15:30	Coffee Break	
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15:30-15:45	Hypertension in ACS patients enrolled in AMIS Plus	Paul Erne
15:45-16:00	Obesity paradox in STEMI patients who underwent PCI	Fabienne Witassek
16:00-16:15	Trends in treatment of octogenarians and nonagenarians with ACS	Andreas Schoenenberger
16:15-16:30	Changing strategies during hospitalization for ACS	Marco Roffi
16:30-16:45	Triple therapy in ACS patients	Hans Rickli
16:45-17:00	Discussion	

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# History and highlights of the AMIS Plus Registry

Paul Erne

Sponsors & Participants' Meeting

5 March 2015, Berne

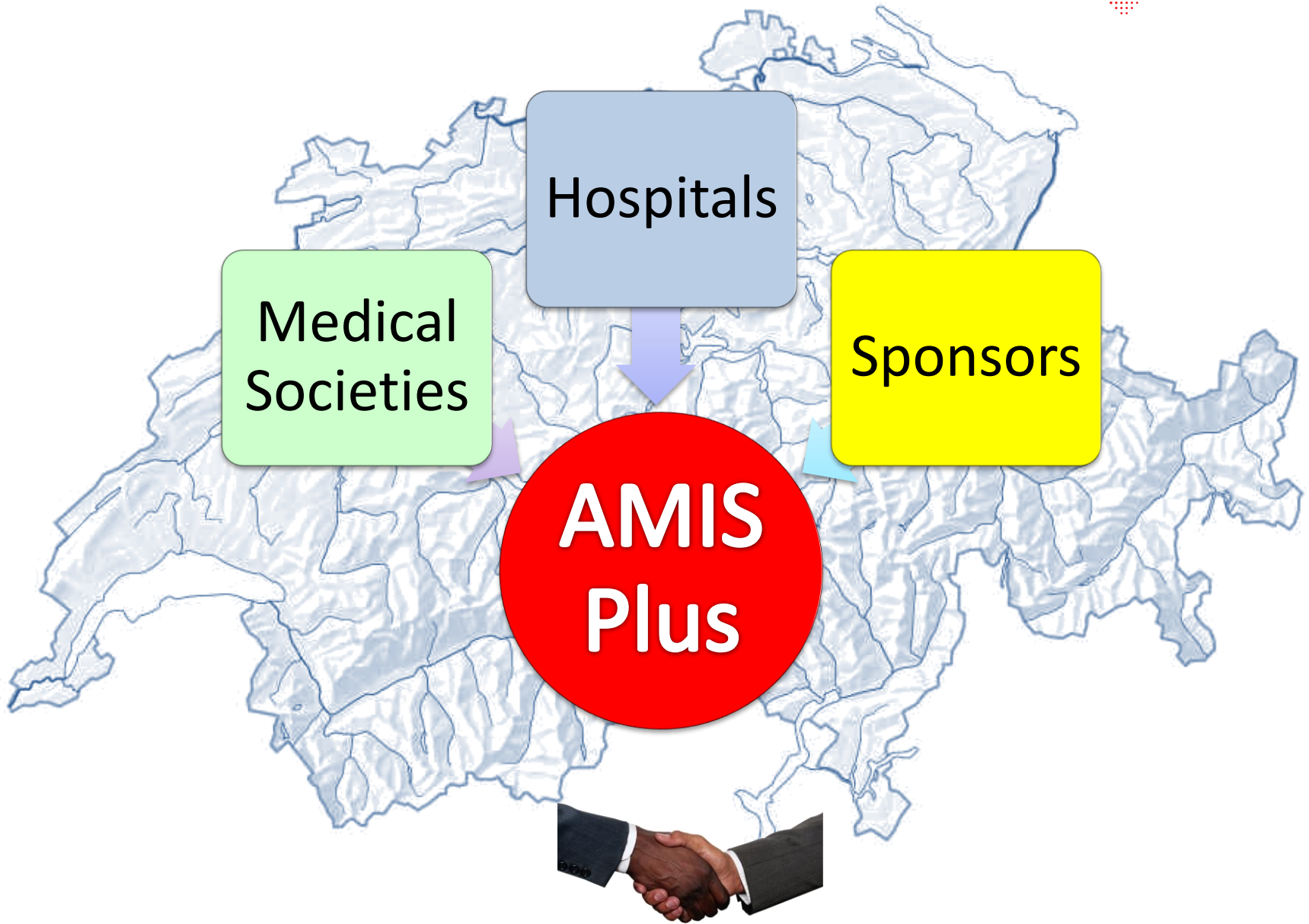
# AMIS Plus Meeting



**AMIS**  
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Infarction  
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# Project since 1997





**AMIS**  
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# AMIS Plus Registry

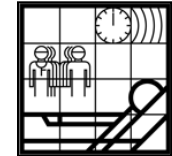
- History of AMIS Plus Registry
- Highlights
  - Temporal trends in therapy
  - Comorbidities
  - Palliative treatment
  - Very old patients
  - Multiple – PCI
  - P2Y12 - inhibitors
  - Complications and outcomes
- Sponsors and Donators

# AMIS Plus Project



- Founding medical societies:

- Swiss Society of Cardiology
- Swiss Society of Internal Medicine
- Swiss Society of Intensive Medicine



- Prospective, observational study supported by pharmaceutical industry funding

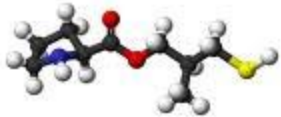
- Project approved by

- UREK (supra-regional ethics committee)
- Swiss Federal Commission for Data Security
- All Cantonal Ethics Commissions (2005)
- Amendment for follow-up questionnaire (2014/2015)



# AMIS Plus History



- **PIMICS** (Captopril Survey)   
1995/1996, AMI in 73 hospitals
- **AMIS: 1997**, AMI in approximately 50 hospitals, electronic data transfer, diskettes or Internet
- **AMIS Plus: 2000**, AMI and UA
- **Transfer of AMIS Data Center from Geneva to Zurich**

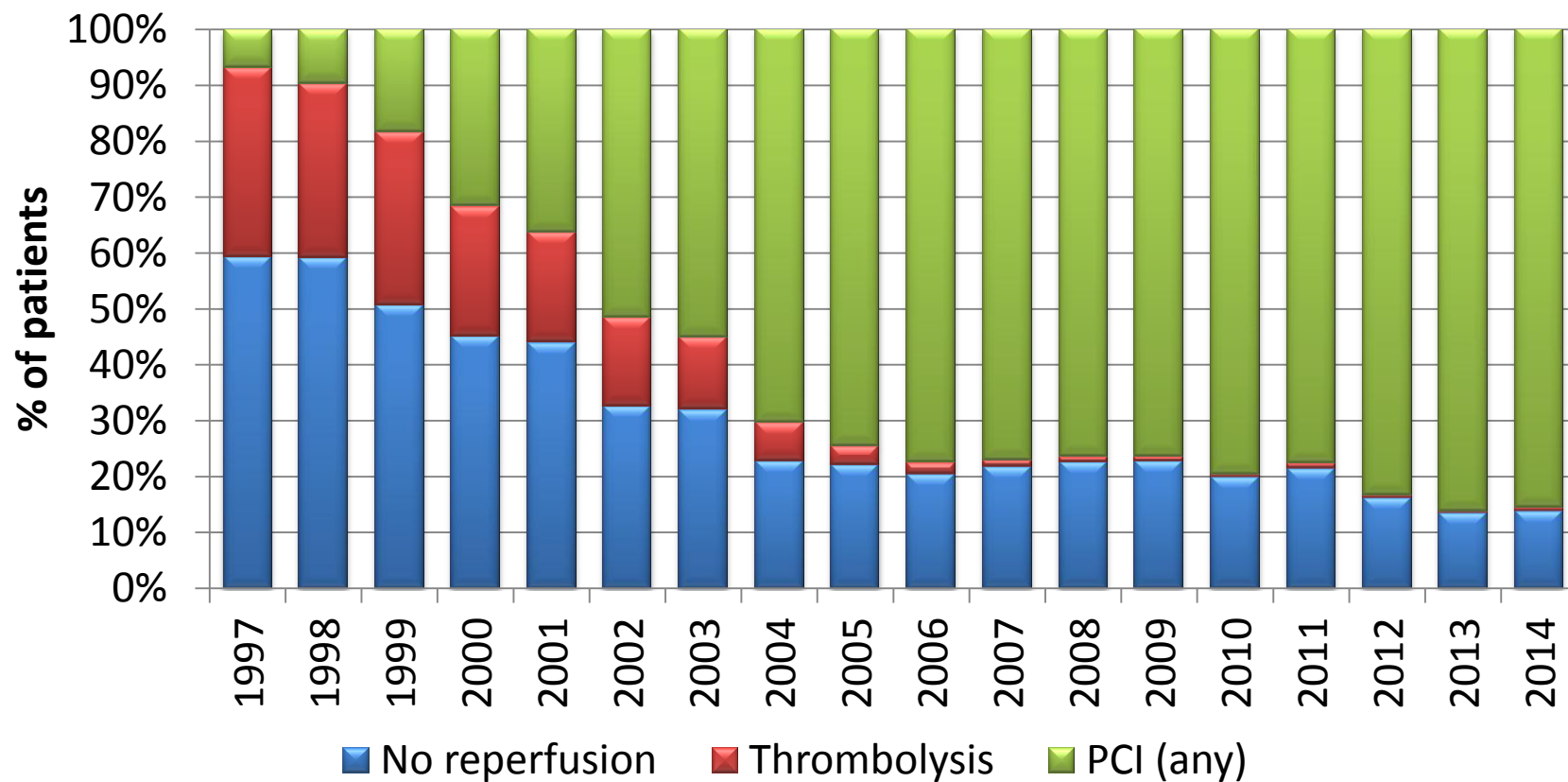


# AMIS Plus Registry

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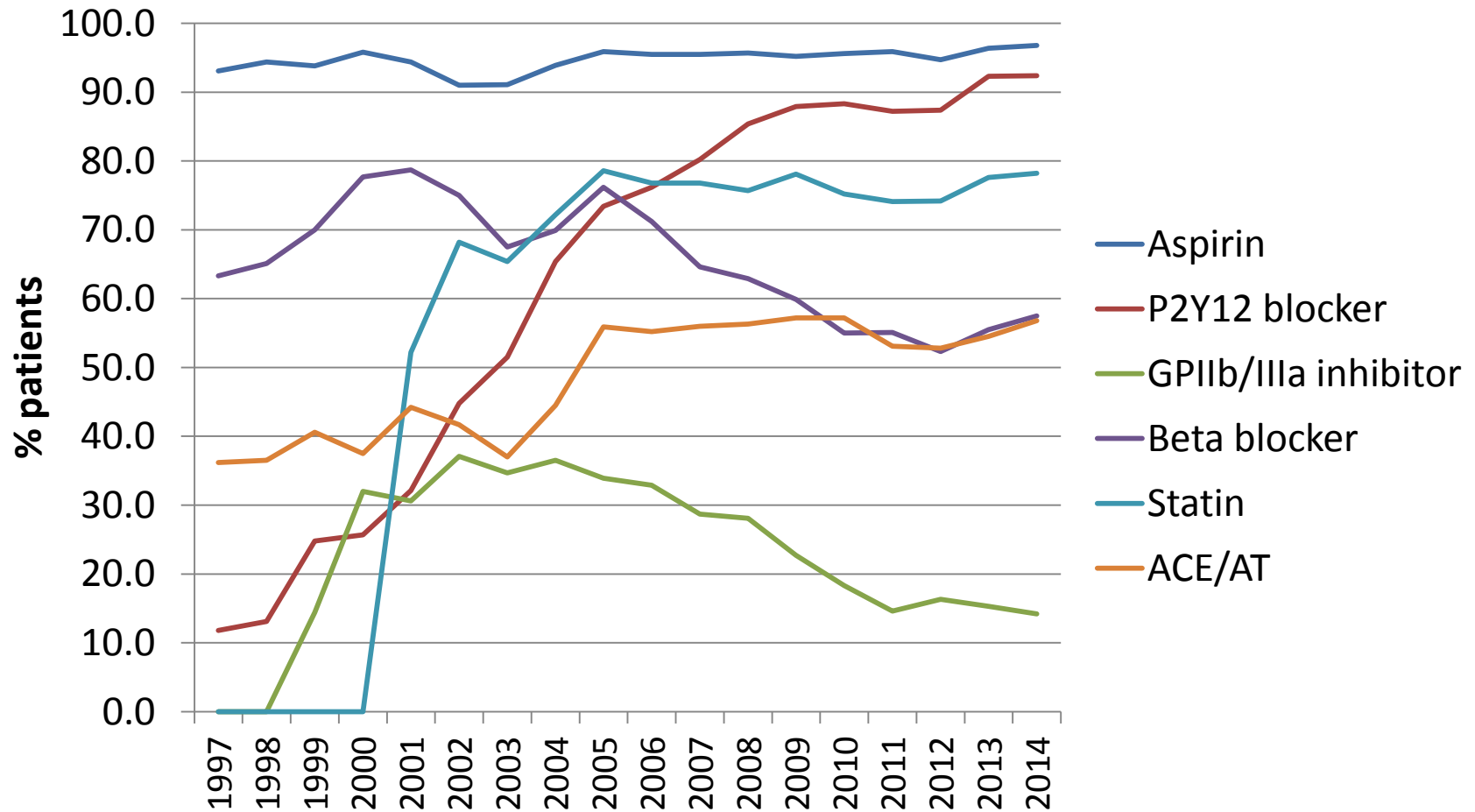


# Reperfusion therapy in ACS patients (N=48,604)



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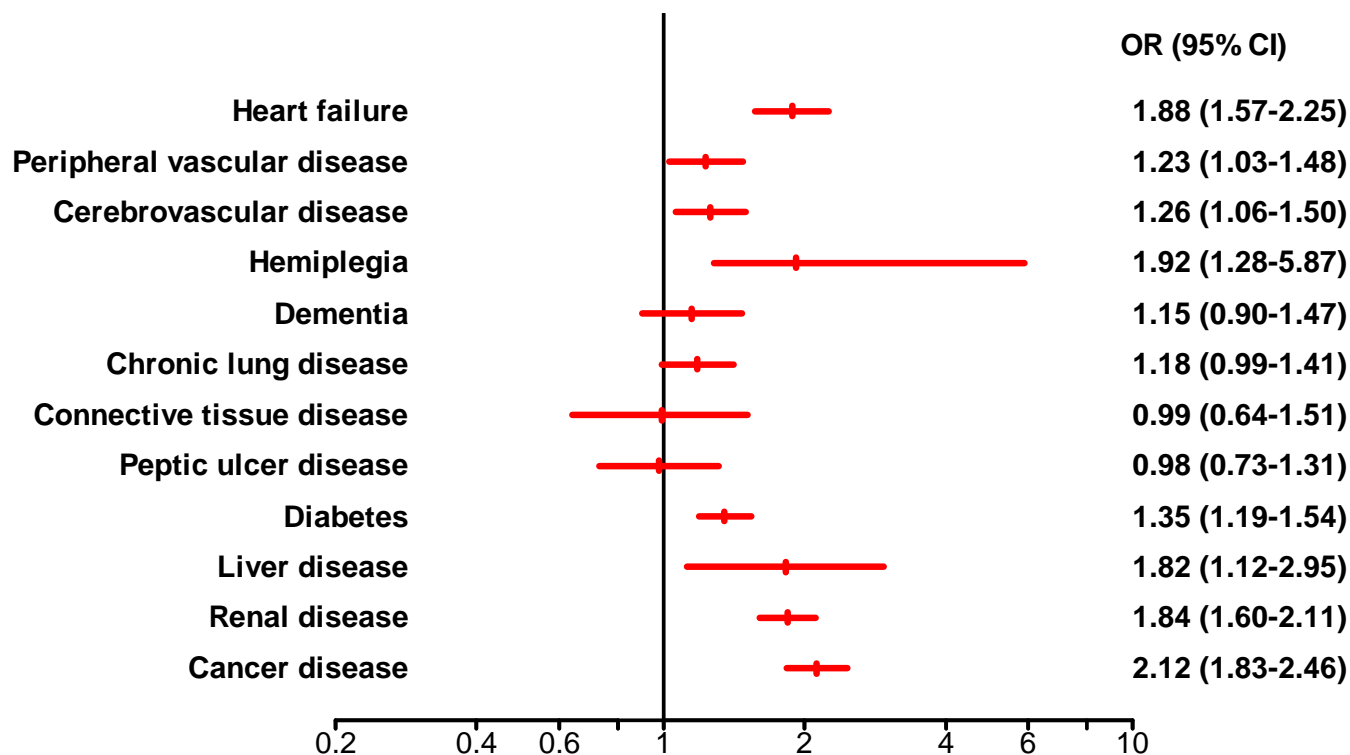
# Trends in immediate drug therapy of ACS patients (n=48,604)



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# Comorbidities as independent predictors of in-hospital mortality (n=38,708)

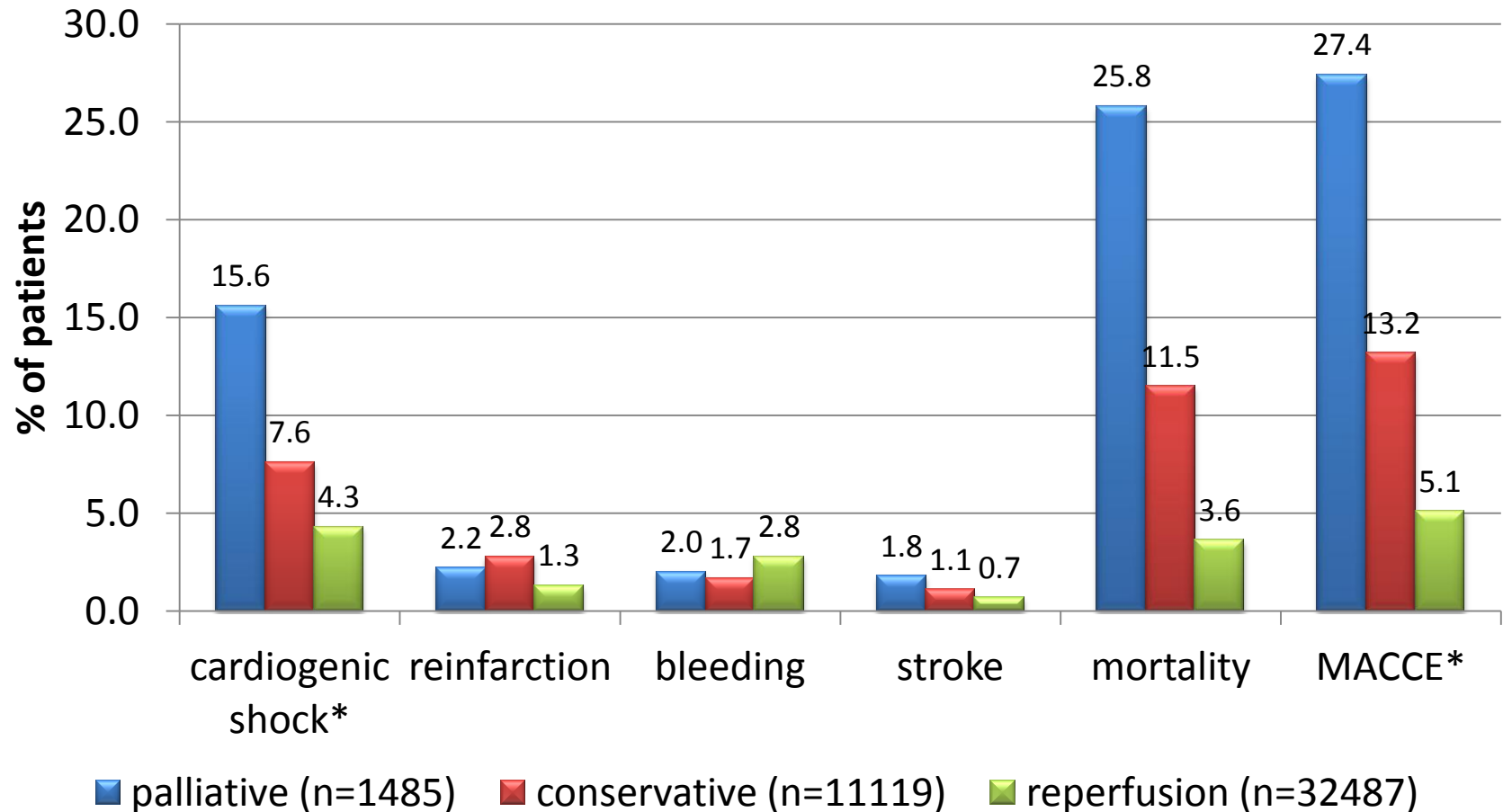


# AMIS Plus Registry



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# In-hospital complications and outcomes in ACS patients according to therapy received



\*in-hospital development

# Palliative treatment of ACS patients



- Only 3-4% of all patients with ACS have been treated palliatively (use of aspirin and analgesics only).
- Whereas it may often be completely appropriate to provide restrictive and palliative care only for elderly patients with very poor prognoses, the study shows a much larger grey zone of decision making.
- An international consensus should be reached on whether such patients should be included in the overall evaluation of ACS patient outcomes.



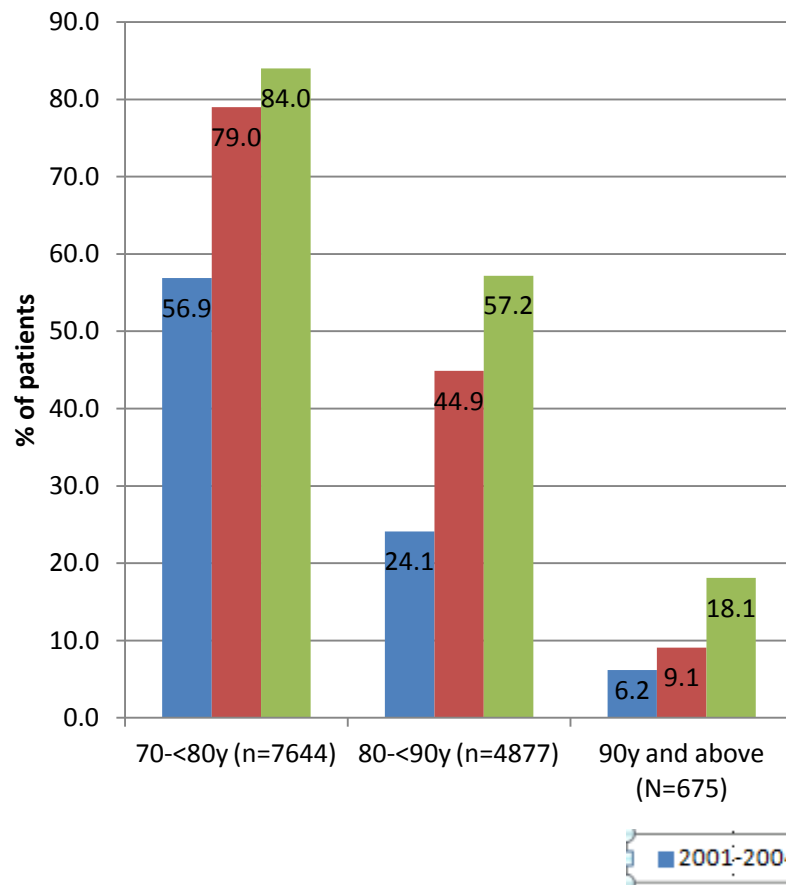
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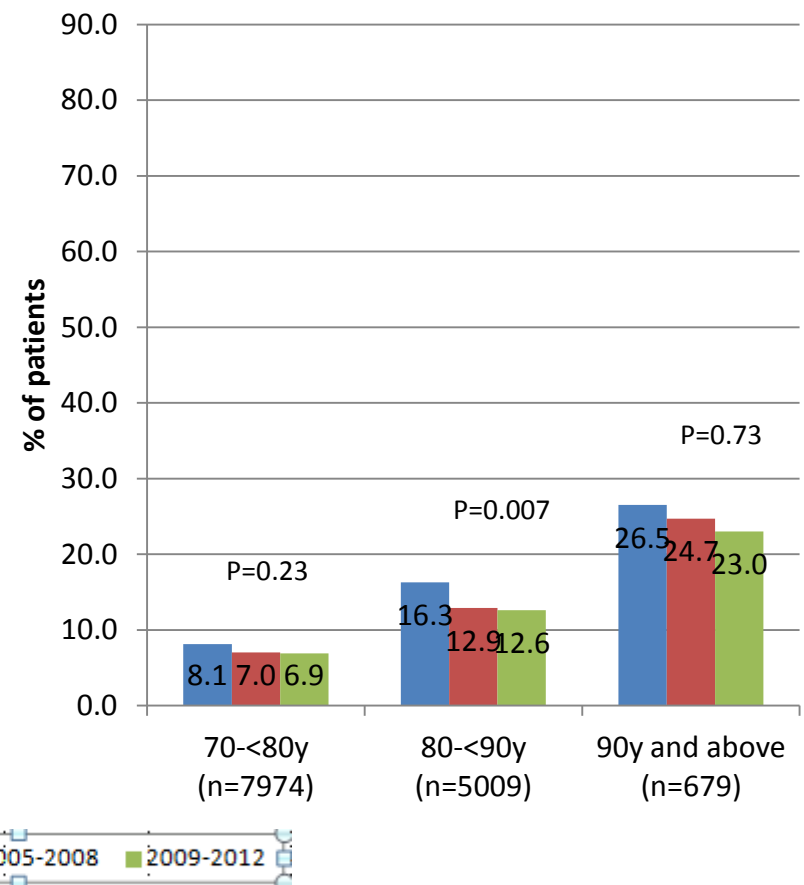
# PCI (any) and in-hospital mortality in ACS patients according to age groups and admission periods (N=13,196)



## PCI (any)



## In-hospital mortality



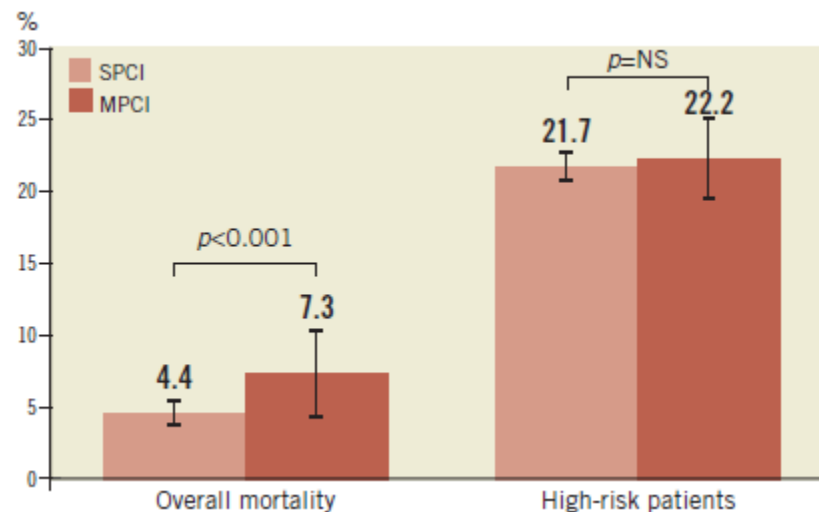
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# In-hospital mortality according to risk in STEMI patients who underwent single or multivessel PCI



After stratifying patients according to risk M-PCI does not appear to be associated with higher in-hospital mortality.



Predictors for 1-year MACCE (composed end-point of re-infarction, cerebrovascular event, interventions and/or death during follow-up period)¶

Variables	OR	95%CI	P-value
Multivessel treatment	0.69	0.51-0.93	0.017
Left-main	1.28	0.76-2.14	0.36
Female-gender	1.15	0.87-1.53	0.33
Age (per additional year)	0.99	0.99-1.00	0.80
Charlson Index => 2	1.42	1.05-1.92	0.025
Resuscitation prior admission	0.87	0.45-1.67	0.67
Killip class > 2	1.76	0.99-3.12	0.052

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# Prasugrel versus clopidogrel (N=7621)



Analyses of ACS patients treated with PCI showed that prasugrel treatment is frequently used selectively in younger STEMI patients.

In a propensity score-matched analysis of 4,602 patients, prasugrel use was associated with reduced in-hospital mortality, despite a significant increase in bleeding complications.

This suggests that prasugrel improves outcomes when used in appropriately selected ACS patients treated with PCI.

**Table 2.** Independent predictors of hospital mortality in acute coronary syndrome (ACS) patients treated by percutaneous coronary intervention (PCI).

	OR (95% CI)	p-value
Prasugrel vs clopidogrel	0.50 (0.29–0.86)	0.013
Age, per additional year	1.04 (1.02–1.06)	<0.001
Killip>2	7.99 (4.84–13.2)	<0.001
Charlson score>1	1.89 (1.19–2.99)	0.007
Prehospital resuscitation	9.35 (5.38–16.3)	<0.001

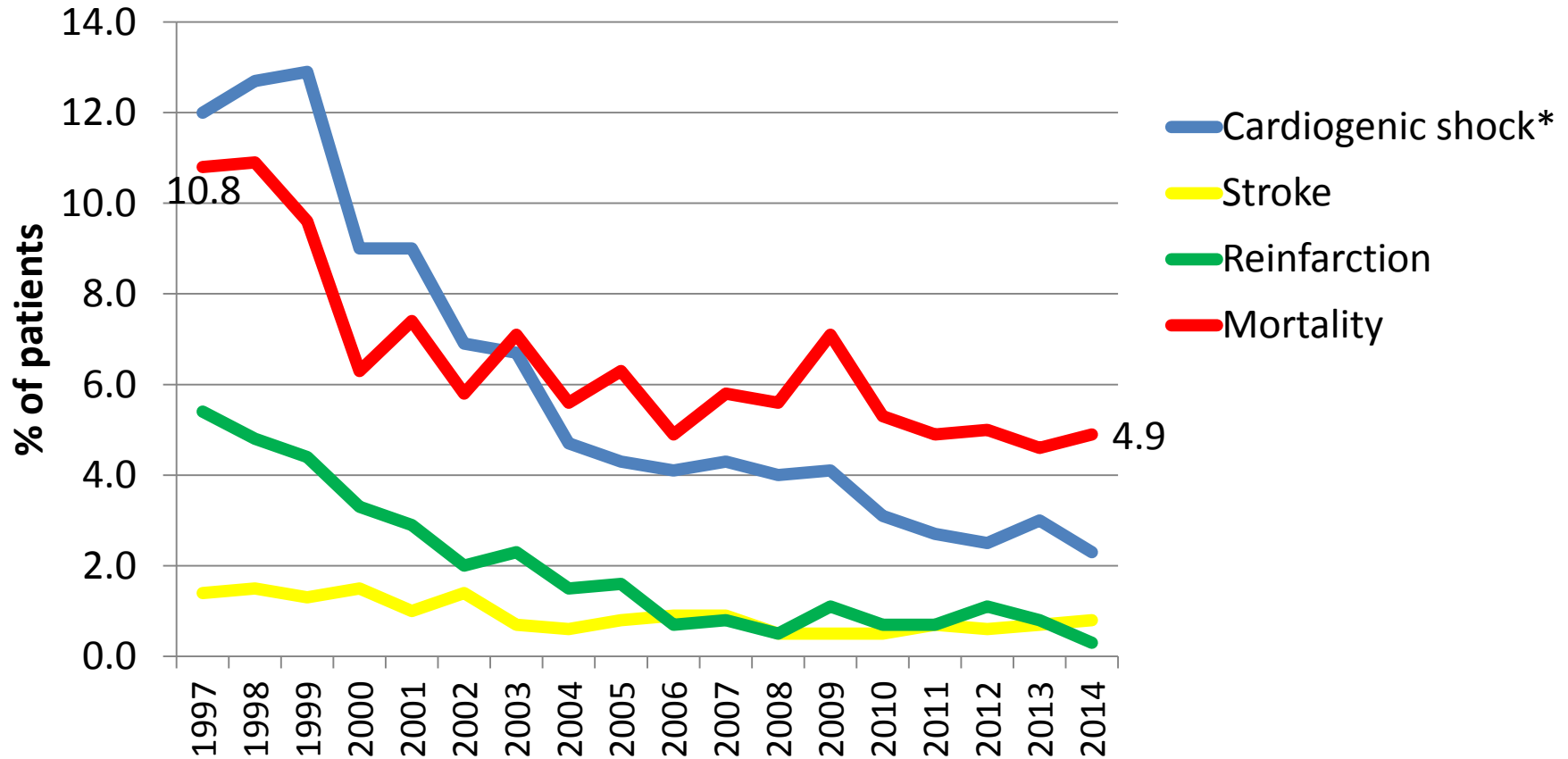
CI: confidence interval; OR: odds ratio.

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# Complications and outcomes in ACS patients (n=48,604)



\*in-hospital development

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