



AMIS Plus Newsletter Nr. 49 – March 2016

Dear AMIS Plus Participants & Sponsors

The snow has melted once again, spring is in the air and we are happy to bring you the latest news from AMIS Plus.

Future AMIS Plus President

At the last AMIS Plus Steering Committee Meeting on 3 March 2016, the future AMIS Plus Steering Committee President was elected. We are very pleased to announce that Prof. Hans Rickli, a long-standing Steering Committee Member has accepted the position starting January 1, 2017. Congratulations!



AMIS Plus 20th Anniversary

On 9 March 2017, AMIS Plus will hold a symposium in Berne to celebrate its 20th anniversary. Please mark this date in your calendar. Details will follow later.

Participating Hospitals

The AMIS Plus Steering Committee and Data Center Team would like to ask all participating hospitals how we can assist you in making data collection easier. We would be grateful for any feedback.

Follow ups

Once again, we would like to emphasize the importance of the follow ups to enable the AMIS Plus Registry to do an even better job and gain more recognition. Please don't forget to ask the patients for their consent.

Auditing

It's now been 5 years since we started audits in our participating hospitals with satisfactory results. The one mistake that keeps popping up concerns the time recordings. Times should be recorded exactly as they are in the source data of the medical charts and not approximated.

AMIS Plus Highlight Box



A recent AMIS Plus study compared circadian disparities in the delivery of primary percutaneous coronary intervention (PCI) for acute myocardial infarction (AMI) according to patient age and gender. Between 2005 and 2010, 4723 patients presented to one of 11 centers in Switzerland providing primary PCI around the clock. More than 90% of patients ≤ 65 years of age underwent primary PCI without differences between gender. Elderly patients and particularly women were at increased risk of being withheld primary PCI compared to males < 65 years of age. An increased risk of a delay in door-to-balloon time > 90 minutes was found in elderly males (HR 1.66, $p < 0.001$) and females (HR 1.57, $p < 0.001$), as well as in females < 65 years compared to males < 65 years of age (HR 1.47, $p = 0.004$), with significant differences in circadian patterns during on- and off-duty hours. In this cohort, there was discrimination of elderly patients and females in the circadian provision of PCI.

Pilgrim et al. PLoS One 10(9): e0137047.doi:10.1371/journal.pone.0137047

Please find enclosed a paper entitled "Inpatient versus outpatient onsets of acute myocardial infarction" by Erne et al. *Eur J Intern Med 2015; 26:414-9.*

Yours sincerely

For the Steering Committee:

Prof. Paul Erne, MD
President

For the Data Center:

Dragana Radovanovic, MD
Head of the Data Center