



## AMIS Plus Newsletter Nr. 48 – October 2015

Dear AMIS Plus Participants & Sponsors

We hope you all managed to tank up plenty of sunshine during the long hot summer to see you through the winter. Here is the latest news from AMIS Plus.

### More Congress Presentations

More AMIS Plus results were presented at the Annual Meeting of SGI/SGInf/SGNOR/SGSH in Interlaken, 9<sup>th</sup> European Congress on Tropical Medicine and International Health in Basel as well as at the ESC Congress in London, where Stephane Fournier received an award for the best moderated poster – congratulations!



Still to come – presentations at the TCT Annual Meeting in San Francisco and the AHA Congress in Florida in October and November, respectively. It is always particularly exciting when AMIS Plus data are presented at international congresses thus heightening global recognition.



### Quality Meeting

As mentioned in the last newsletter, the AMIS Plus Steering Committee held a quality meeting in September where representatives from other registries were invited to report on the quality measurements and funding of their respective registries. In December, a further Steering Committee Meeting will be held to discuss the insights gained to determine how the AMIS Plus Project will move forward in the future.

### AMIS Plus Highlight Box



A study using AMIS Plus data examined whether myocardial infarction size and mortality depend on the time of symptom onset. 6223 STEMI patients who underwent primary angioplasty within 6 hours of symptom onset were analyzed. Peak creatine kinase (CK) was used as a proxy measure for myocardial infarction size. Patients with symptom onset at 23:00 had the maximum average CK value (2,315 U/L), whereas patients with onset at 11:00 had the minimum average (2,017 U7L). No correlation was observed between ischemic time and circadian CK variation. Associations between peak CK, in-hospital mortality, and the time of symptom onset were modeled using polynomial-harmonic regression methods. Only the 24-hour harmonic was significantly associated with in-hospital mortality. The risk of death was highest for patients with symptom onset at 00:00 and lower for those with onset at 12:00. This study confirmed a circadian pattern in both peak CK and in-hospital mortality, which were independent of total ischemic time. This study proposes that symptom onset time be incorporated as a prognosis factor for patients with myocardial infarction. *Fournier et al. PLOS One 2015;10(3):e0119157.*

Please find enclosed a paper entitled “Impact of hypertension on the outcome of patients admitted with acute coronary syndrome” by Erne et al. *J Hypertens 2015; 33:860-7.*

Yours sincerely

For the Steering Committee:

For the Data Center:

Prof. Paul Erne, MD  
President

Dragana Radovanovic, MD  
Head of the Data Center