



AMIS Plus Newsletter Nr. 47 – July 2015

Dear AMIS Plus Participants & Sponsors

We are pleased to give you all a brief update on the recent AMIS Plus activities.

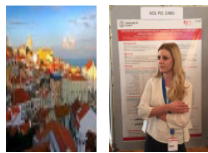
The highlight of this year was reaching another great milestone: the **50,000th** case was entered in the AMIS Plus Registry last April! Many thanks to all participants for their invaluable contributions!

Congress Presentations



So far this year AMIS Plus results have been presented at **EuroPREvent** in Lisbon, **SGIM** in Basel, **SSC** in Zurich and at the **25th European Hypertension Meeting** in Milan. The topics covered:

- Body mass index impact on mortality
- Patients with recurrent myocardial infarction
- Inpatient versus outpatient onsets of acute myocardial infarction
- Manual thrombus aspiration in STEMI patients who underwent primary PCI
- Trends in the frequency of hypertension



Quality Meeting

In September this year, the AMIS Plus Steering Committee will hold a meeting to determine which quality measurements to include in order to enhance benchmarking for participating hospitals.

AMIS Plus Highlight Box



An AMIS Plus study compared patients with in-hospital onset acute myocardial infarction (AMI) admitted for either medical or surgical reasons versus patients with out of hospital-onset AMI – a topic rarely studied. From 35,394 AMI patients enrolled in the AMIS Plus registry from 2002 to 2014, 356 had inpatient-onset AMI following hospital admission due to other pathologies (surgical 175, non-surgical 181). These patients were older (74 vs. 66y), more often female (35% vs. 27%), had less frequently STEMI (36% vs. 56%) but higher risk profiles; hypertension (83% vs. 62%), diabetes (28% vs. 20%), known coronary artery disease (54% vs. 35%) and more comorbidities (Charlson Comorbidity Index >1 in 51% vs. 22%). PCI was less frequently applied (OR 0.45; 95% CI 0.36-0.57) and they were less likely to be treated with aspirin, P2Y12 blockers or statins. Crude hospital mortality was higher (14% vs. 6%) and inpatient-onset AMI was an independent predictor of in-hospital mortality (OR 2.35; 95% CI 1.63-3.39). More work is needed to identify hospitalized patients at risk of MI in order to provide the appropriate management.
Erne et al. Eur J Intern Med (2015) <http://dx.doi.org/10.1016/j.ejim.2015.05.011>

Please find enclosed a paper as well as a letter to the editor:

- Comparison of prasugrel and clopidogrel-treated patients with acute coronary syndrome undergoing percutaneous coronary intervention: a propensity score-matched analysis of the Acute Myocardial Infarction in Switzerland (AMIS)-Plus Registry.
Kurz et al. Eur Heart J Acute Cardiovasc Care (2015) DOI: 10.1177/2048872614566946.
- Centenarians with acute coronary syndrome – biological and not chronological age counts.
Erne et al. Int J Cardiol 2015; 187:154.

We wish you all a pleasant summer

Yours sincerely

For the Steering Committee:

For the Data Center:

Prof. Paul Erne, MD
President

Dragana Radovanovic, MD
Head of the Data Center