



## AMIS Plus Newsletter Nr. 36 – November 2011

Dear Current & Potential AMIS Plus Participants & Sponsors

We are pleased to inform you that the online conversion of the revised AMIS Plus questionnaire was successfully carried out and has been in use since Monday, 31<sup>st</sup> October 2011. We would like to express our thanks to the team at Dynelytics for their hard work.

### IMPORTANT CHANGES!

- **Focus on Acute Myocardial Infarction**  
In the future patients with unstable angina pectoris will no longer be included. We are now focusing on patients with ST-elevation and non-ST-elevation myocardial infarction.
- **Acute Event**  
As only acute myocardial infarction cases will be included, please pay attention to the time of symptom onset. This refers to the onset of the acute symptoms leading to this hospitalization and not the onset of unspecific complaints that may possibly have appeared days before the event.
- **Improving Data on Bleeding**  
The international classifications from BARC will allow improved data collection on bleeding. (*Mehran et al. Circulation 2011;123:2736-47*)

The revised AMIS Plus questionnaires and manuals can be downloaded at the AMIS Plus website [www.amis-plus.ch](http://www.amis-plus.ch) under AMIS Documents. Please do not hesitate to contact the AMIS Plus Data Center Team if anything is unclear. If you have any suggestions on how to improve clarity we will be happy to incorporate these when we revise the manuals again.

Over 76% of cases are entered by our participating hospitals online compared to just over 50% 5 years ago. It would be great if everyone used the Internet platform as this cuts costs and saves time immensely.

### AMIS Plus Highlights Box



The most recent AMIS Plus study analyzed data from 15,711 patients between 1999 and 2008 to determine age and sex differences in terms of smoking. The mean age at first myocardial infarction was  $68.5 \pm 12.2$  y for non-smokers and  $56.6 \pm 11.7$  y for smokers ( $P < 0.001$ ). After stratification by sex and adjusting for other risk factors, comorbidities, regular cardiovascular medication intake before admission, Killip classification and ECG on admission, male smokers were 8.7 years younger than male non-smokers. Female smokers were 10.8 years younger than female non-smokers, giving a sex-specific difference of 2.1 years ( $P < 0.001$ ). Smoking was associated with younger age at first myocardial infarction and this was more pronounced in women. *Bähler et al. Eur J Cardiovasc Prev Rehabil DOI 10.1177/1741826711422764*

### AMIS Plus Publication

Please find attached the AMIS Plus manuscript "Primary percutaneous coronary intervention for unprotected left main disease in patients with acute ST-segment elevation myocardial infarction. The AMIS (Acute Myocardial Infarction in Switzerland) Plus registry experience" published in *JACC: Cardiovascular Interventions* 2011; 4(6): 627-33.

Thank you for your continuous contribution which helps towards improving patient care!  
We wish you all a peaceful Christmas and a happy and prosperous New Year!

Sincerely yours

For the Steering Committee:

Prof. Paul Erne, MD  
President

For the Data Center:

Dragana Radovanovic, MD  
Head of the Data Center