



## AMIS Plus Newsletter Nr. 33 – October 2010

Dear Current & Potential AMIS Plus Participants & Sponsors

Despite its cameo appearance, we hope you had a pleasant summer and are now enjoying the golden colours of autumn. Here is the latest news from AMIS Plus.

### AMIS Plus at ESC

Two oral presentations and a poster were successfully presented at the European Society of Cardiology Congress from August 28 – September 1, 2010 in Stockholm:

- Unprotected left main PCI in acute coronary syndrome: the AMIS Plus experience. *Pedrazzini G et al.*
- Outcome of patients with acute coronary syndrome in hospitals of different sizes in Switzerland. *Radovanovic D et al.*
- Impact of a normal or non-specific ECG on admission on the treatment and outcome of patients with myocardial infarction between 2003 and 2008. *François S et al.*



### AMIS Plus Sponsors' & Participants' Meeting 2011

The next AMIS Plus Sponsors' & Participants' Meeting will take place on Thursday, 24 February 2011. Please be sure to keep this date free. The last meeting on March 5, 2009 was a big success with many attending. We very much hope to see you there next year and are looking forward to hearing new ideas and having another scintillating discussion.



The new AMIS Plus analyses showed that from 14,957 patients admitted between 2003 and 2008 with a definite diagnosis of AMI (clinical symptoms, elevated troponin levels), 7.2% had normal/nonspecific ECGs at admission and 13,872 had specific ECG changes. Although there were no differences in the demographic characteristics and risk factors of the patients apart from dyslipidemia and obesity, the patients with normal/nonspecific ECGs were less likely to receive intensive pharmacological and interventional treatments. A normal/nonspecific ECG on admission was not an independent predictor of in-hospital mortality (OR 0.58, 95%CI 0.25-1.38;  $p=0.22$ ). Despite a less intensive treatment, AMI patients who presented with normal/non-specific ECG changes developed less frequently cardiogenic shock during their hospitalisation and had a lower crude mortality rate compared to those with specific ECG changes on admission. Nevertheless, reinfarctions and cerebrovascular events occurred evenly in all AMI patients, regardless of their admission ECG. *François S et al. Swiss Med Wkly 2010; 140:w13078.*

### AMIS Plus Publication

Please find attached the AMIS Plus manuscript "Outcome of patients with acute coronary syndrome in hospitals of different sizes" published in the Swiss Medical Weekly 2010; 140(21-22):314-22. We wish you all the best for the winter months ahead!

Sincerely yours

For the Steering Committee:

Prof. Paul Erne, MD  
President

For the Data Center:

Dragana Radovanovic, MD  
Head of the Data Center