



## AMIS Plus Newsletter No. 63 – July 2021


Dear AMIS Plus Participants & Sponsors

It's summertime in the city. We can now move more freely and are happy to bring you the latest news from the AMIS Plus Data Center.


### Managing STEMI Patients during the Covid Pandemic

Concerns that the pandemic may have impacted the management of AMI appear to be unfounded in Switzerland. A preliminary analysis comparing AMIS Plus data from 2020 with those from 2019 showed that the management of STEMI patients remained at the same level despite COVID-19. However, this study has some limitations. Potential latecomers may not have been included in the registry. Additional data from 2020 and 2021 would allow us to conduct a more in-depth study.

### AMIS Plus Data Entry Login

<p>Every 3 months the password must be changed for data security reasons. Whether you change it after the 3 months or at a later time, simply follow the same procedure. Click "Reset password" on the login page. When the reset password window appears, enter your email address, complete "I'm not a robot" and click on "Submit" once. It may take a minute to respond, so please be patient. You will then receive an email with the personal link to reset your password.</p>	<p>AMIS Plus Data Portal</p> <p>E-Mail <input type="text"/></p> <p>Password <input type="password"/></p> <p>Reset password</p> <p><input checked="" type="checkbox"/> Login</p>	<p>Reset password</p> <p>Please enter your e-mail address and click on "Submit". We will send you an e-mail with a personal link to reset your password. The link will be valid for 24 hours.</p> <p>E-mail <input type="text"/></p> <p><input type="checkbox"/> I'm not a robot </p> <p><input type="checkbox"/> Submit</p>
--	---	--

### AMIS Plus Highlight Box

 To evaluate the cardiovascular impact of cocaine in AMIS Plus patients focussing on in-hospital outcomes, we retrospectively analyzed data from 2007 to 2018. Baseline and in-hospital data of ACS patients with self-reported regular cocaine abuse were compared with the remaining AMIS Plus population as well as a sex and age-matched group of non-cocaine user ACS patients (ratio 1:5, 540 patients). From 20,036 patients, 110 (0.5%) reported regular cocaine abuse. Cocaine users were significantly younger ( $46.4 \pm 10.8$  vs  $66.4 \pm 13.2$  years,  $p < 0.001$ ), presented more frequently with out-of-hospital cardiac arrest ( $11.8\%$  vs  $4.7\%$ ,  $p < 0.001$ ) and STEMI ( $68.2\%$  vs  $54.7\%$ ,  $p = 0.007$ ), had a higher incidence of positive family history and active smoking, but a lower incidence of arterial hypertension, diabetes and obesity. In-hospital mortality ( $3.6\%$  vs  $4.4\%$ ,  $p = 1$ ) and MACCE ( $5.4\%$  vs  $5.5\%$ ,  $p = 0.83$ ) were comparable. However, when compared with a sex and age-matched population, cocaine abuse increased the risk of mortality by a factor of 5 ( $3.7\%$  vs  $0.7\%$ ,  $p < 0.05$ ) and the risk of MACCE by a factor of 4 ( $5.6\%$  vs  $1.3\%$ ,  $p < 0.05$ ). *Garzoli et al. Cardiovasc Med 2021;24:w10044.*

Please find enclosed a paper entitled "Temporal trends in cardiovascular risk factors' prevalence in patients with myocardial infarction" by Cimci et al. *Eur J Clin Invest 2021;51:e13466.*

Yours sincerely

For the Steering Committee:

Prof. Hans Rickli, MD  
President

For the Data Center:

Dragana Radovanovic, MD  
Head of the Data Center