



## AMIS Plus Newsletter No. 67 – April 2023

Dear AMIS Plus Participants & Sponsors

We are very excited about our AMIS Plus Jubilee Symposium on June 2<sup>nd</sup> in Berne and are looking forward to the presentations. We will be taking a look back into the past to see what we have achieved scientifically, where we stand today and will also be looking at what the future holds for AMIS Plus. We have a great line up for you. To see our program simply scan the QR Code at the bottom of the page or alternatively you can access it from our website at <https://amis-plus.ch/>. Don't forget to register for the symposium at [info@amis-plus.ch](mailto:info@amis-plus.ch). Many thanks to those who have already done so.

### New Variables in AMIS Plus

We always strive to keep pace with the rapid developments in new therapies. Now we are taking a closer look at the siRNA PCSK9 inhibitor Inclisiran (Leqvio<sup>®</sup>) as well as the bempedoic acid (Nilemdo<sup>®</sup>) used in the treatment of elevated LDL cholesterol in myocardial infarction patients. Unfortunately we are not yet able to integrate this variable into our questionnaire so these must be noted in the comments fields for regular and discharge medication. A big thank you goes out to our study nurses and participants who enter the data for remembering to note these in the comments fields along with all other medication not specifically named in the questionnaire. These data are of great value.

### AMIS Plus Highlight Box



A recent AMIS Plus study evaluated the prognostic impact of low heart rate in 51 001 patients with acute coronary syndrome hospitalized between 1991 and 2021. The primary endpoint was in-hospital all-cause mortality, while a composite of all-cause mortality, major cardiac/cerebrovascular events was set as the secondary endpoint. A primary multivariable analysis revealed that patients with a heart rate of 50 to 75 bpm had lower mortality than those with a heart rate <50 bpm (OR, 0.67; 95%CI, 0.47-0.99). However, this was not confirmed by multiple sensitivity analyses. Indeed, after propensity score matching, progressive fading of the prognostic role of heart rate <50 bpm was evident. Low admission heart rate in patients with acute coronary syndrome is associated with a higher crude rate of adverse events. Nevertheless, after correcting for baseline differences, the prognostic role of low heart rate could not be confirmed. Low heart rate is probably a marker of underlying morbidity. These results may be clinically relevant for improving the accuracy of risk scores for patients with acute coronary syndrome. *Biasco et al. Rev Esp Cardiol 2023 DOI: [10.1016/j.rec.2023.01.008](https://doi.org/10.1016/j.rec.2023.01.008)*

Please find enclosed a paper entitled "Reducing gap in pre-hospital delay between women and men presenting with ST-elevation myocardial infarction" by Foster-Witassek et al. *Eur J Prev Cardiol 2023; <https://doi.org/10.1093/eurjpc/zwac294>*

Yours sincerely

For the Steering Committee:

Prof. Hans Rickli, MD  
President

For the Data Center:

Dragana Radovanovic, MD  
Head of the Data Center

