TRENDS IN MANAGEMENT AND OUTCOME OF ACUTE MYOCARDIAL INFARCTION IN PORTUGAL, SWITZERLAND AND THE UNITED STATES

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Background: little information exists whether trends in coronary interventions are similar between countries. This study assessed trends in hospital management and outcome of acute myocardial infarction (AMI) in Portugal, Switzerland and the US.

Methods: trends in coronary interventions and 28-day case-fatality rates were assessed for each country by analysis of national hospital discharge data between 1998 and 2003 (67,489 patients in Portugal, 62,067 in Switzerland and 5,680,241 in the US).

Results: the number of subjects admitted with AMI increased by 4% in the US, 40% in Portugal and 50% in Switzerland. Mean age at admission increased for both genders. Average length of stay decreased in Portugal and Switzerland, whereas no clinically significant decrease was found in the US. PCI increased in Portugal (9.5% to 21.7%), Switzerland (8.9% to 26.8%) and the US (20.5% to 24.7%). Thrombolysis increased in Portugal (1.5% to 10.3%) but less in Switzerland (0.5% to 3.9%) or the US (1.9% to 2.1%). CABG decreased in the US (9.6% to 6.7%) but not in Portugal (2.1% to 1.6%) or Switzerland (4.5% to 2.9%). Twenty-eight-day case-fatality rates decreased in Portugal (15.9% to 13.7%) and the US (10.8% to 9.1%), but increased in Switzerland (9.2% to 10.7%). Higher 28-day case-fatality rates were related to increasing age and circulatory assistance and to lower use of coronary interventions.

Conclusions: the number of subjects with AMI increased considerably in Portugal and Switzerland. Management and outcome of patients with AMI also changed substantially between 1998 and 2003.

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