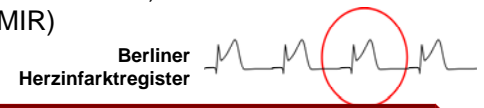


10 years of data collected in the Berlin Myocardial Infarction Registry (BMIR) - Changes in treatment and outcome for patients with acute myocardial infarction

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for the Berlin Myocardial Infarction Registry (BMIR)



Background:

Over a decade of years, from 1999-2008, guidelines for treatment of patients with myocardial infarction (MI) have been regularly updated and new definitions for acute MI have been established. Aim of the present study was to investigate the changes in treatment and hospital mortality over this 10-year period in AMI patients under the influence of the implementation of guideline-based therapy and the redefinition of acute myocardial infarction in Berlin, Germany.

Methods:

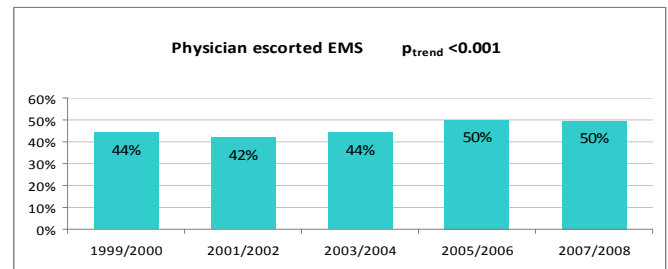
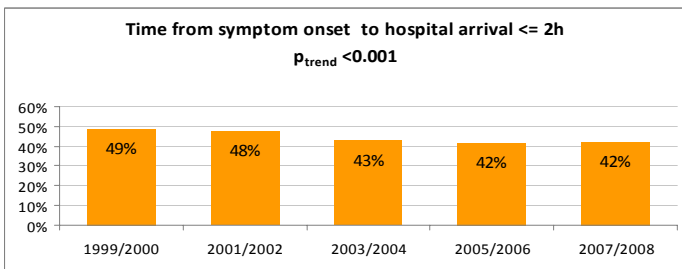
In the BHIR, data of patients with acute myocardial infarction have been collected prospectively since 1999. We analyzed the data set of 11 hospitals, continuously participating in the registry from 1.1.1999 to 31.3.2008. Demographic data, frequency of acute revascularization, medications at discharge, and hospital mortality were analyzed over this 10-year period.

Results:

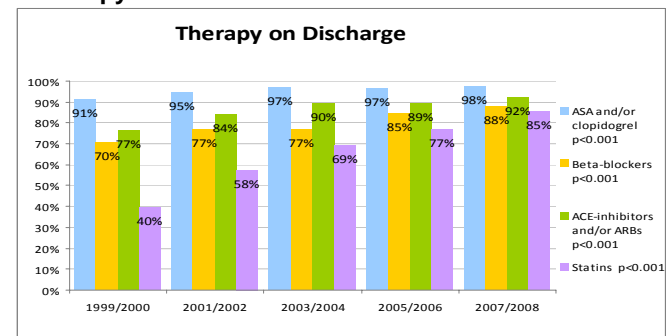
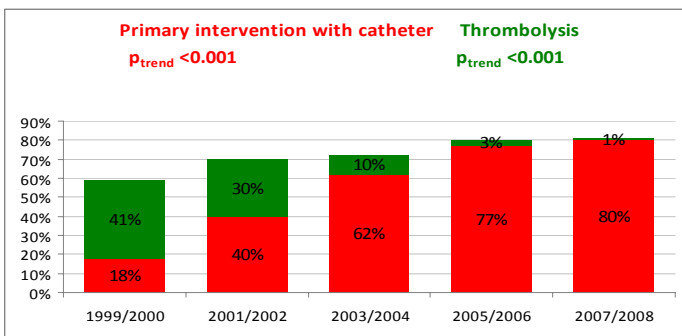
	1999/2000 N=1645	2001/2002 n=1719	2003/2004 n=2250	2005/2006 N=2327	2007/1.4.2008 n=1889	p*
female gender	33.9%	33.2%	36.0%	35.4%	32.3%	0.633
Age >75years	30.6%	27.2%	30.4%	34.5%	27.9%	0.413

*p Chi Square Trend Test

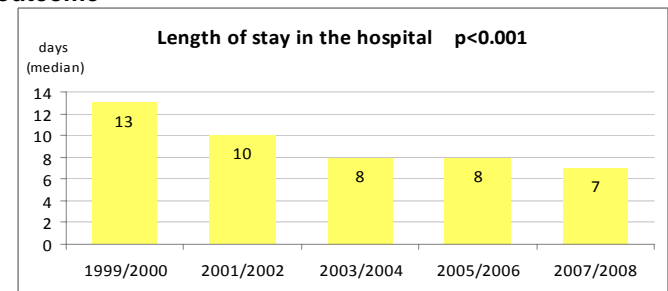
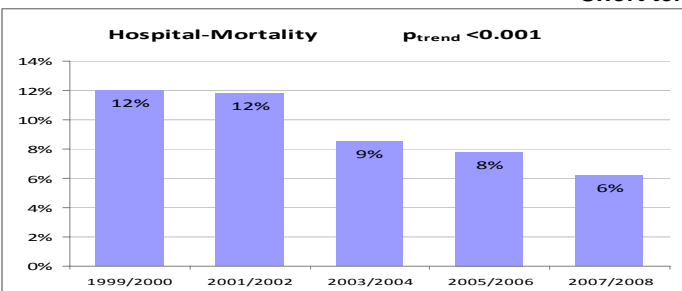
Before admission



Guideline based therapy



Short term outcome



Conclusions:

Over the 10-year period from 1999 to 2008:

- The total number of patients with MI increased probably due to redefinition of acute myocardial infarction.
 - The adherence to guideline-based therapy, especially the early reperfusion therapy (intervention with catheter) and the recommended medical therapy at discharge increased significantly
 - There was a significant decrease in hospital mortality,
- ➔ but time between symptom onset and hospital arrival as well as the percentage of patients treated by the physician escorted emergency rescue system before admission to the hospital did not decrease.