

STEMI incidence falls in southern Switzerland after smoking ban implemented

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STEMI incidence fell in southern Switzerland after implementation of the smoking ban in public places, reveals research presented at the ESC Congress today by Dr. Alessandra Pia Porretta from Switzerland.

Second-hand smoke increases the risk of [coronary artery disease](#) and [acute myocardial infarction](#). For this reason, health policies aimed at reducing [tobacco consumption](#) and public smoke exposure are strongly recommended.

Dr Porretta said: "Canton Ticino (CT), which is one of the 26 cantons of the Swiss Federation, was the first Swiss canton to introduce a smoking ban in April 2007. We had the opportunity to assess the long-term impact of the smoking ban on the incidence of ST-segment elevation [myocardial infarction](#) (STEMI) and to compare STEMI epidemiology with Canton Basel City (CBC), where the law was not yet implemented."

The principal investigator of the study (Dr Marcello Di Valentino) collected data retrospectively from the codified hospital discharge registry (ICD-10 codes) on STEMI hospitalisations in CT and CBC during the 3 years before (2004-2007) and after (2007-2010) the ban was implemented in CT.

In CT, data were acquired from the four cantonal [public hospitals](#) and from Cardiocentro Ticino, an exclusive institution for invasive [coronary interventions](#). In CBC, data were obtained from the public University Hospital of Basel. For each considered year, STEMI incidence per

100,000 inhabitants was calculated for both CT and CBC using demographic data from the Swiss Federal Statistical Office.

The study found a significant and long-lasting reduction in the incidence of STEMI hospitalisations in the overall population of Canton Ticino after the smoking ban was implemented. Incidence reduced by an average of 21.1% between 2004-07 and 2007-2010. Compared to 2004-2007, incidence reduced by 23% in 2007-2008, 15% in 2008-2009, and 24% in 2009-2010.

When population subsets were analysed, the researchers found that the significant and long-lasting reduction in STEMI admissions was observed only among older people, with a 27.4% post-ban decrease in women ≥65 years and a 27.3% reduction in men ≥65 years. Younger people (

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