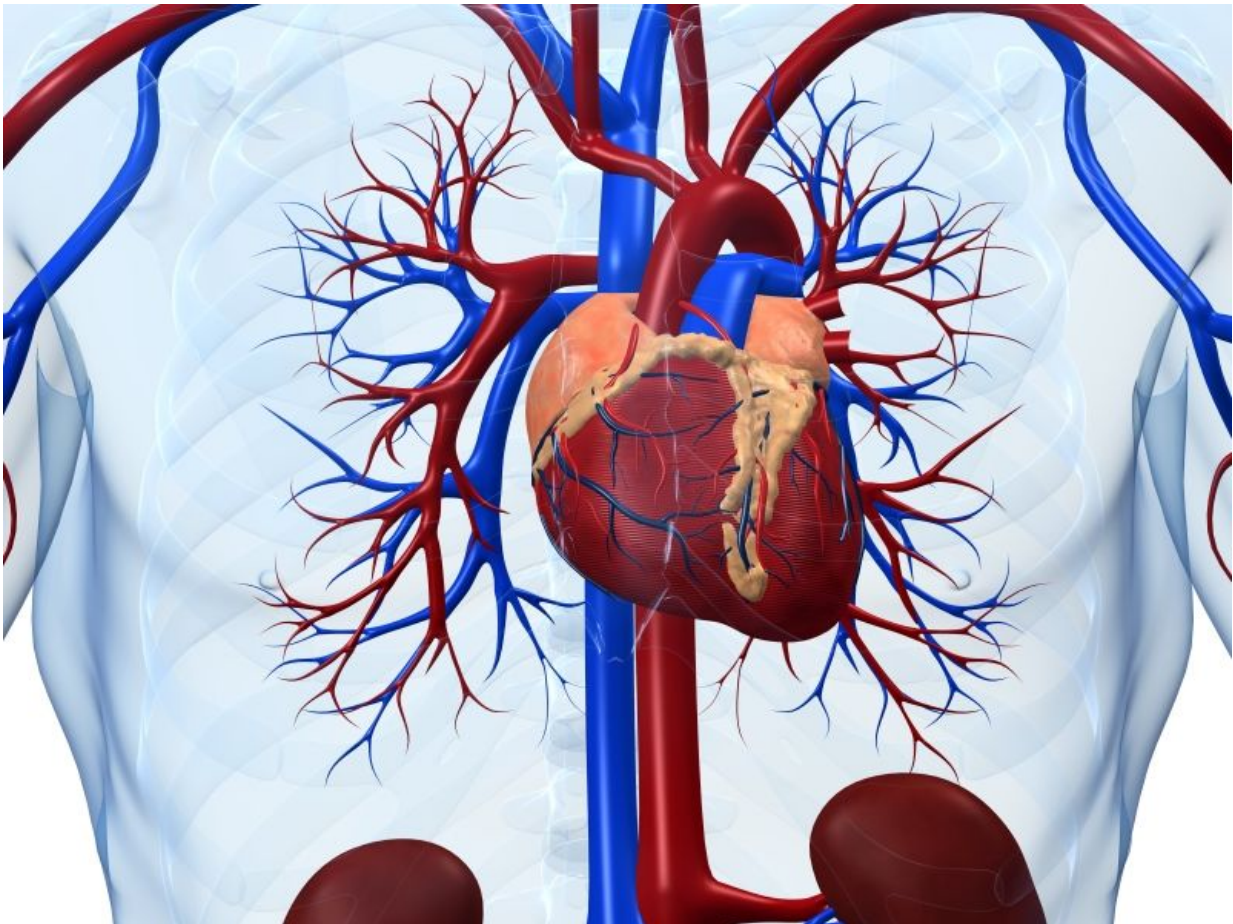


Type 2 myocardial infarction definition impacts prognosis

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(HealthDay)—Definition of type 2 myocardial infarction (T2MI) using a

method that does not require the presence of coronary artery disease is associated with a lower event-related mortality rate, according to a study published in the Sept. 26 issue of the *Journal of the American College of Cardiology*.

Thomas Nestelberger, M.D., from the University Hospital Basel in Switzerland, and colleagues adjudicated the final diagnosis of 4,015 [patients](#) with symptoms suggestive of [myocardial infarction](#) by two methods: one required presence of [coronary artery disease](#), a common interpretation of the 2007 universal definition (T2MI₂₀₀₇), and one did not (the 2012 universal definition [T2MI₂₀₁₂]).

The researchers found that the incidence of T2MI was 2.8 percent (112 patients) based on the T2MI₂₀₀₇ definition. T2MI incidence increased to 6 percent with application of the more liberal T2MI₂₀₁₂ definition (relative increase of 114 percent; 128 reclassified patients [T2MI_{2012reclassified}]). Among T2MI₂₀₀₇, 6.3, 22, and 71 percent of patients, respectively, received [coronary revascularization](#), dual-antiplatelet therapy, and high-dose statin therapy, compared with 0.8, 1.6, and 31 percent, respectively, among T2MI_{2012reclassified} patients (all P_{2012reclassified}, similar to patients with noncardiac causes of chest discomfort (0.2 percent), and significantly lower than among T2MI₂₀₀₇ and type 1 myocardial infarction (T1MI) patients (3.6 and 4.8 percent, respectively).

"T2MI_{2012reclassified} has a substantially lower event-related mortality rate compared with T2MI₂₀₀₇ and T1MI," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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