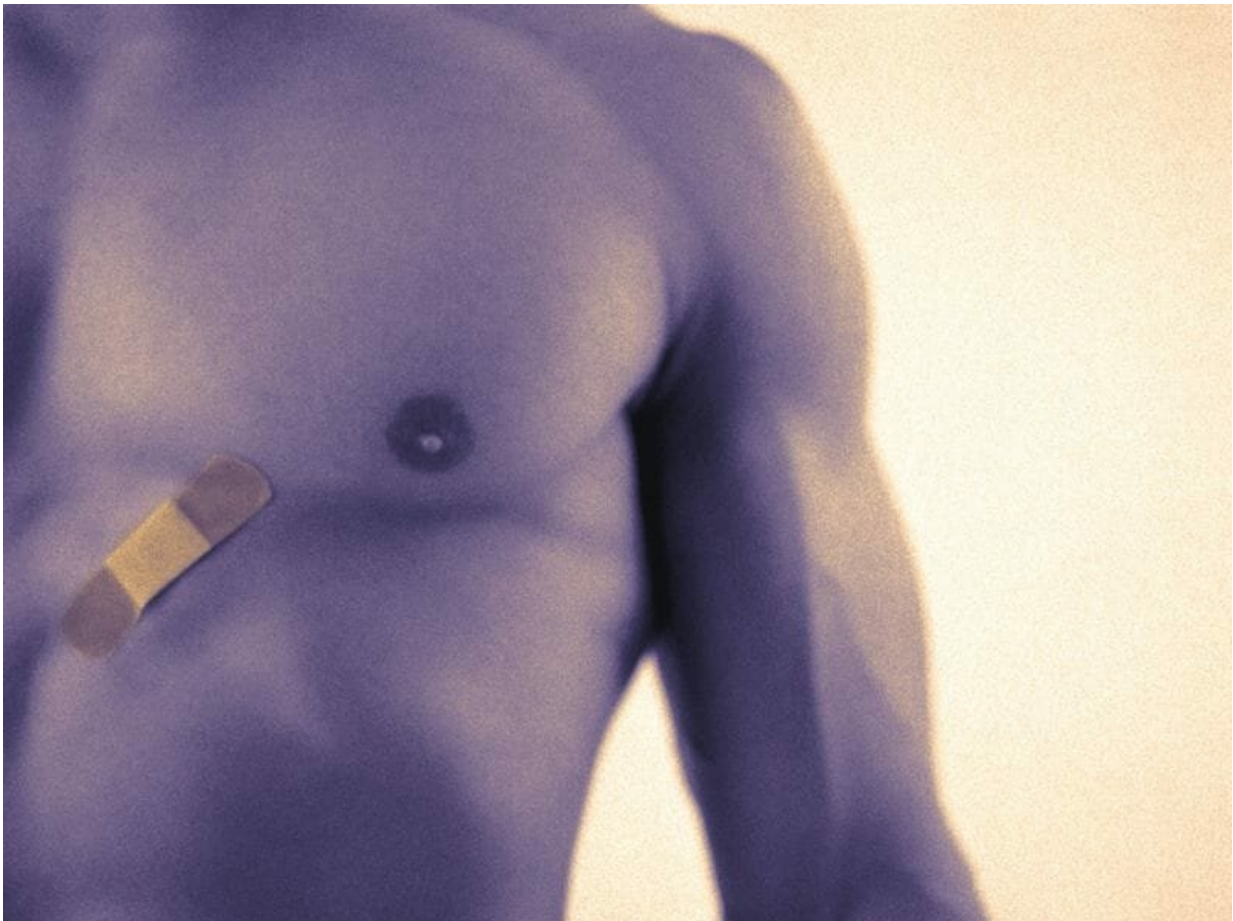


Outcomes for AMI improved during 1995 to 2014

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(HealthDay)—Short-term mortality and readmissions improved from

1995 to 2014 for patients with acute myocardial infarction (AMI), according to a study published online March 15 in *JAMA Network Open*.

Harlan M. Krumholz, M.D., from the Yale School of Medicine in New Haven, Connecticut, and colleagues conducted a cohort study including [data analysis](#) from 4,367,485 Medicare fee-for-service beneficiaries aged 65 years or older hospitalized for AMI across 5,680 U.S. hospitals. The authors sought to examine national trends in inpatient outcomes.

The researchers found that the mean age of patients increased from 76.9 to 78.2 years between 1995 and 2014. Decreases were seen in AMI hospitalizations (914 to 566 per 100,000 beneficiary-years), 30-day mortality (20.0 to 12.4 percent), 30-day all-cause readmissions (21.0 to 15.3 percent), and one-year recurrent AMI (7.1 to 5.1 percent). Increases were seen in the 2014 Consumer Price Index-adjusted median Medicare inpatient payment per AMI discharge (\$9,282 to \$11,031), 30-day inpatient catheterization (44.2 to 59.9 percent), and inpatient percutaneous coronary intervention (18.8 to 43.3 percent). The investigators observed a decrease in coronary artery bypass graft surgery rates (14.4 to 10.2 percent). Over time, there was heterogeneity by hospital and county in mortality changes.

"We describe two decades of marked improvements in outcomes for AMI among the increasingly smaller number of people in the United States who experience it, representing a transition in the impact of this condition," the authors write.

One author disclosed financial ties to the [medical insurance](#), pharmaceutical, and other industries; one author reported a patent pending.

More information: [Abstract/Full Text](#)

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