

Older MI survivors have high event risk over long term

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36 percent (3.82 to 2.45/100 person-years). There were decreases in mortality, stroke, and bleeding until the third year of follow-up; increases were seen thereafter. Throughout follow-up, the incidence of death, MI, the composite, and bleeding was significantly higher for NSTEMI and unspecified MI patients than STEMI [patients](#). For STEMI and NSTEMI during follow-up, all-cause inpatient costs were 2.6- and 1.9-fold higher, respectively, than baseline during follow-up; cardiovascular-related inpatient costs were 3.5- and 2.2-fold higher, respectively.

"Risks of mortality and [cardiovascular events](#) remain high in a Medicare population surviving >1 year after a MI," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry, including AstraZeneca, which funded the study.

(HealthDay)—Older myocardial infarction (MI) survivors have long-term elevated risks of mortality and cardiovascular events, according to a study published online Aug. 26 in *Cardiovascular Therapeutics*.

Erru Yang, from the Evidera in Lexington, Mass., and colleagues examined long-term outcomes and [health care costs](#) among elderly MI survivors in a retrospective analysis of 2002-2009 Medicare health care claims. Patients were aged 65 years or older and survived one year or more without recurrent MI after hospitalization for MI. Data were included for 16,244 ST-segment elevation [myocardial infarction](#) (STEMI) patients, 34,576 non-STEMI (NSTEMI) patients, and 3,109 patients with unspecified MI.

The researchers found that the prevalence of comorbidities, except for hypertension and dyslipidemia, was significantly higher for NSTEMI and unspecified MI patients than for STEMI patients. Over the follow-up, MI incidence declined

More information: [Abstract](#)

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