



AMIS Plus Newsletter No. 70 – March 2025

Dear AMIS Plus Participants & Sponsors

We hope you all had a wonderful start to 2025! With spring just around the corner, we're excited to welcome the season of renewal and new opportunities. This edition marks a special milestone—our **70th newsletter!** We're delighted to celebrate this achievement with you and take a moment to highlight some of our key accomplishments.

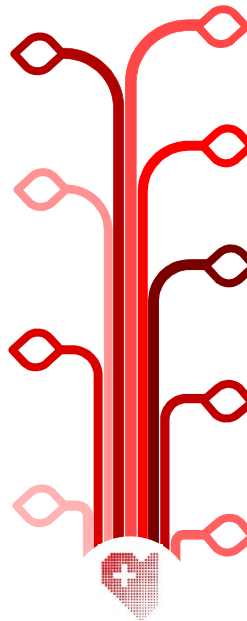
... AMIS Plus data contributed to the development of the GRACE 3 score (*Lancet* 2022; 400(10354):744) as well as the SEX-SHOCK score (*Eur Heart J* 2024;45(43):4564)

... data from five European ACS registries, including AMIS Plus, suggest that prasugrel or ticagrelor have more favourable outcomes than clopidogrel without compromising safety (*Eur Heart J Cardiovasc Pharmacother* 2021;7(2):94)

... ischemic in-hospital complications of ACS decreased over the 16-year period, but non-ischemic complications increased (*Int J Cardiol* 2020;313:16)

... young ACS patients in Switzerland exhibit a high prevalence of modifiable RFs, which mostly increased or remained stable (2000-2019), except smoking which declined but still affected two-thirds (*Eur J Prev Cardiol* 2023;30(14):1504)

Did you know that...



... over two decades, STEMI admission delays decreased significantly, especially in women (*Eur J Prev Cardiol* 2023;30(11):1056)

... although only 6% of AMI patients received antidepressants, they had higher 1-year mortality than those without depression (*Eur J Intern Med* 2019;61:75)

... in-hospital mortality of AMI patients with severely reduced LVEF remain exceedingly high, well above 20% (*Am J Cardiol* 2023;200:190)

... rates of cardiogenic shock developing during hospitalisation declined (1997-2017) and mortality dropped from 63% to <40% (*Circ Cardiovasc Interv* 2019;12(4):e007293)

... low admission heart rate in ACS indicates a higher crude, but not adjusted adverse event rate, likely reflecting underlying morbidity (*Rev Esp Cardiol* 2023;76(8):626)

AMIS Plus Highlight Box



Using AMIS Plus data, Barresi et al. found that younger and male patients were less likely to reduce their work after acute myocardial infarction (AMI). Work reduction was more common among females and those with severe heart failure (Killip class >2), while stopping work was linked to female sex and comorbidities. In Switzerland, 88% of AMI patients return to work within a year. However, about 1 in 8 do not return, and 1 in 7 reduce their working hours. Factors influencing reduced or discontinued work include being female, older age, and having more comorbidities. These findings highlight the impact of demographic and health-related factors on post-AMI employment. *Barresi et al. Sci Rep* 2024;14(1):13429.

Please find enclosed a paper entitled "Treatment and outcomes of patients with chronic lung disease and acute myocardial infarction: Insights from the nationwide AMIS Plus registry" by Beckmann et al. *Eur J Clin Invest* 2024;54:e14193.

Yours sincerely

For the Steering Committee:

Prof. Hans Rickli, MD
President

For the Data Center:

Dragana Radovanovic, MD
Head of the Data Center