

## Epidemiological Review of AMI in Tama district in Tokyo

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**Purpose:** This review aimed to examine the change of the strategy of reperfusion therapy and acute prognosis for AMI patients in Tama district in Tokyo.

**Methods:** Between 1996 and 2000, we had made a retrospective survey of the acute prognosis of reperfusion therapy for AMI patients in 14 institutions. These institutions have CCU and they are capable to operate emergency coronary angiography.

**Results:** Seven hundred one cases of AMI were treated at 10 institutions in 1996, 718 cases at institutions in 1997, 849 cases at 14 institutions in 1998, 842 cases at 14 institutions in 1999 and 966 cases at 14 institutions in 2000. Totally 4076 cases were registered during 5 years.

The percentage of acute reperfusion therapy was 64.6% (453/701) in 1996, 78.6% (564/718) in 1997, 72.1% (612/849) in 1998, 78.1% (658/842) in 1999, 80.2% (755/966) in 2000. From those data, PCI ratio was 58.5% (265/453) in 1996, 80.1% (452/564) in 1997, 80.8% (495/612) in 1998, 78.9% (519/658) in 1999, 89.9% (697/775) in 2000. From that we could find the increase of PCI ratio for thrombolysis therapy. ( $p < 0.001$ )

The ratio of stenting in PCI was 20.4% (54/265) in 1996, 33.0% (149/452) in 1997, 50.0% (247/495) in 1998, 57.8% (350/519) in 1999, and 68.3% (476/697) in 2000. It showed that the ratio of stenting also increased. ( $p < 0.001$ )

However, acute death rate was 10.8% (76/701) in 1996, 9.9% (149/452) in 1997, 10.7% (91/849) in 1998, 9.4% (79/842) in 1999, and 9.6% (93/966) in 2000. There was no significant difference of death rate.

Then all institutions were assigned to two groups. Six institutions where over 50 AMI patients were treated a year were group A and the others were group B. Compared the acute death rate between two groups, 11.1% (65/583) vs. 9.3% (11/118) in 1996, 10.7% (68/635) vs. 3.6% (3/83) in 1997, 11.0% (64/582) vs. 10.1% (27/267) in 1998, 9.4% (59/609) vs. 9.4% (22/233) in 1999, 9.4% (71/754) vs. 10.4% (22/212) in 2000. There was also no significant difference.

The total percentage rates of shock cases at visiting institutions and CPAOA cases have been increasing; 4.3% (121/849) in 1998, 11.0% in 1999, 21.9% in 2000. Especially they have increased in 6 institutions where over 50 patients are treated at emergency rooms.

**Conclusion:** PCI has increased rather than thrombolysis therapy for reperfusion therapy of AMI in Tama district in Tokyo, however, this has not lead to improvement of the acute prognosis yet. The increase of CPAOA cases can be one of the reasons and a strategy of these cases will be important to improve a survival rate.