1. Title:
Medical Care and Survival from Acute Myocardial Infarction: ARIC and POL-MONICA

2. Writing Group:
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3. Timeline:
Organization of comparable data sets to begin immediately. Final analysis initiated by Spring 1995.

4. Rationale:
This collaborative effort will analyze community surveillance data from the POL-MONICA and ARIC studies. Differences in medical care for hospitalized acute myocardial infarction (AMI) exist between these two countries. These include use of diagnostic and therapeutic cardiac procedures and also type and frequency of medications used. Differences also exist in coronary heart disease mortality rates. Poland has experienced an increase in CHD mortality over the past several decades as compared to a decline observed in the U.S. This manuscript will document the use of procedures and medications between the two study populations and compare 28 day and one-year case fatality rates. Data from POL-MONICA and ARIC community surveillance present a unique opportunity to document differences in case fatality and medical care for myocardial infarction between the two studies. Inclusion of other MONICA centers (Glasgow, Augsburg, Australia) will be explored.

5. Main Hypotheses:
1. Case fatality from AMI is greater in the POL-MONICA population than in the ARIC populations.
2. Differential use of diagnostic and therapeutic procedures, type of medications and delay time to treatment explain differences in case fatality between the two communities.

6. Data:
ARIC and POL-MONICA community surveillance data for 1987-1990 will be used. Comparable age and race groups will be determined. Identification and selection of comparable subsets of cases and variables from medical record abstraction would be performed. Standardized case definitions of definite myocardial infarction and case fatality will be used.