1.a. Full Title: Trends in one-year survival and the relationship to treatment for hospitalized myocardial infarction in samples from Polish and US population

b. Abbreviated Title (Length 26): Poland-US 1yr survival

2. Writing Group (list individual with lead responsibility first):

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   Wayne Rosamond     other Kracow author    Warsaw author

3. Timeline:

   Preliminary analysis completed on ARIC data. First draft of combined analysis completed by March 2000.

4. Rationale:

   Clinical trials have demonstrated that thrombolytic treatment, antiplatelet agents, beta-blockers and ACE-inhibitors are effective in lowering case-fatality in the acute phase of MI. Beta-blockers and antiplatelet agents have been shown to reduce mortality after the acute phase of MI. Substantial differences in use of these treatments and trends toward increased or decreased use have been previously reported in both in the POL-MONICA and ARIC samples. These differences and trends provide an opportunity to examine the relationship between changes in the use of these treatments and one-year survival after MI. This is a key issue in determining the potential impact of increased availability of such treatments on a population basis in the translation of clinical trial research results to community practice. There are some similarities with ARIC manuscript #85 but overlap is considered to be minimal because due to considerable exclusions and re-definition of events in this proposal.

5. Main Hypothesis:

   Population average case fatality from 28 days to 1 year after the onset of MI is related to the population average use of aspirin, thrombolytic therapy, beta-blockers, anticoagulant therapy,
ACE-inhibitors, calcium antagonists, inotropic agents, antiarrhythmics and coronary arteriography.

6. Data (variables, time window, source, inclusions/exclusions):

One-year case fatality status for hospitalized MI patients in all ARIC collaborating centers and 2 Polish POL-MONICA collaborating centers surviving 28 days from onset of MI symptoms. Data from POL-MONICA will be comprised of MI registry cases between 1988-1993 (hospitalized events, age 35-64 years). ARIC will be limited to cases between similar years and to whites age 35-64 only. Common definition of myocardial infarction developed and used in manuscript #276 will be used for these analyses.