

Sezonska raspodjela akutnog koronarnog sindroma – Registar akutnog koronarnog sindroma za Grad Zagreb

Seasonal distribution of acute coronary syndrome – The Acute Coronary Syndrome Register for the City Of Zagreb

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UVOD: Registar akutnog infarkta miokarda za Zagreb osnovan je 1979. u Poliklinici za prevenciju kardiovaskularnih bolesti i rehabilitaciju kao populacijski registar. Godine 2003. osnovan je Registar akutnog koronarnog sindroma (AKS) koji je uključio niz kliničkih podataka.

CILJ: Analizirati sezonsku raspodjelu i letalitet od AKS-a s obzirom na bolničko i izvanbolničko okruženje u 2006. i 2009. godini.

METODE: Koristili smo podatke Registra kako bi identificirali sve slučajeve AKS-a, nefatalne i fatalne, među stanovnicima Zagreba u 2006. i 2009. Izvori informacija bili su: 1) otpusna pisma pacijenata primljenih u zagrebačkim bolnicama i 2) podatci o smrtnosti iz Državnog zavoda za statistiku. Metodologija je prethodno opisana.

REZULTATI: Među stanovnicima Zagreba bilo je 1496 slučajeva AKS-a u 2006. Od toga je bilo 948 muškaraca (63,3%) i 548 žena (36,7%) s prosječnim letalitetom od 42,9%. Najmanji broj slučajeva AKS-a bio je ljeti s letalitetom od 44,2%. Prosječni letalitet u žena bio je veći nego u muškaraca, 44,9% prema 41,8%. Sezonska raspodjela pokazuje da je samo u jesen letalitet bio značajno viši u žena nego muškaraca, 52,1% prema 40,7% (**slika 1**). Slični rezultati mogu se vidjeti i u 2009. god. kada smo identificirali 1824 slučaja AKS-a, 1115 muškaraca (61,1%) i 709 žena (38,9%) s prosječnim letalitetom od 32,1%. Najmanji broj slučajeva registriran je ljeti s letalitetom nižim od prosjeka (31,0%), dok je najveći broj slučajeva bio zimi s istim letalitetom (**slika 2**). Prosječni letalitet u muškaraca bio je 31,1%, a u žena 33,6%, što pokazuje da je značajno niži u odnosu na 2006. god.

ZAKLJUČAK: Najmanji broj slučajeva AKS-a dogodio se ljeti, ali letalitet nije bio najniži. Letalitet od AKS-a viši je u žena i pokazuje pad u 2009. u odnosu na 2006. god. u oba spola. To se dijelom može objasniti napretkom u liječenju primjenom perkutane koronarne intervencije te boljom prevencijom. Kako se klima mijenja, potrebna su daljnja istraživanja njenog utjecaja na kardiovaskularne bolesnike.

INTRODUCTION: The Acute Myocardial Infarction Register for the City of Zagreb was established in 1979 by the Institute for Cardiovascular Prevention and Rehabilitation as a population-based register. In 2003 we established the Acute Coronary Syndrome (ACS) Register containing a series of clinical data.

AIM: to analyze the seasonal distribution and case fatality (CF) of ACS in Zagreb in hospital and prehospital settings in 2006 and 2009.

METHODS: The ACS Register was used to identify all cases, nonfatal and fatal ACS, among Zagreb residents in 2006 and 2009. Sources of information are: 1) hospital discharge of patients admitted to Zagreb hospitals and 2) mortality data from the Central Bureau of Statistics. The methodology was previously described.

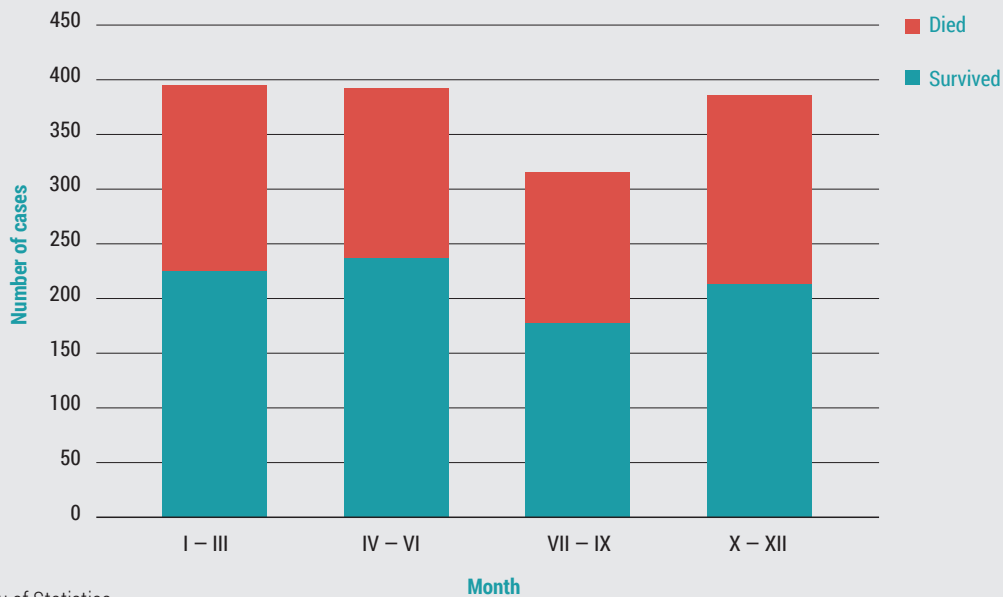
RESULTS: Among the residents of Zagreb there were 1496 cases of ACS in 2006, 948 men (63.3%) and 548 women (36.7%) with an average CF of 42.9%. The lowest number of ACS cases was in summer and the CF was 44.2%. The average CF in women was higher than in men, 44.9% and 41.8%, respectively. Seasonal distribution shows that only in autumn was CF significantly higher in women than men, 52.1% and 40.7%, respectively (**Figure 1**). Similar results could be seen in 2009 when we identified 1824 cases of ACS, 1115 men (61.1%) and 709 women (38.9%) with average CF 32.1%. The lowest number of cases could be again seen in summer with a lower than average CF (31.0%) and the highest number of cases was in winter with the same CF (**Figure 2**). The average CF in men was 31.1%, and in women 33.6% which shows that it declined significantly compared to 2006.

CONCLUSION: The smallest number of cases of ACS occurred in the summer but CF was not the lowest. CF was higher in women and it declined in 2009 compared to 2006 in both men and women which is partly due to the improvement in treatment with percutaneous coronary intervention, and prevention. As our climate is changing more studies are needed on its effect on cardiovascular patients.

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FIGURE 1.

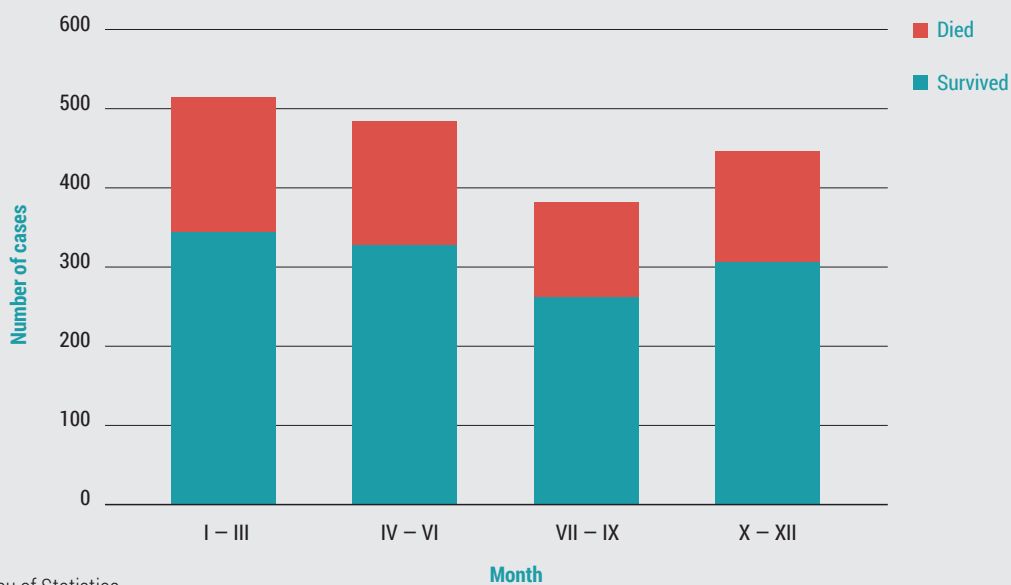
Seasonal distribution of acute coronary syndrome – Zagreb residents (2006).



Source: The Croatian Bureau of Statistics.

FIGURE 2.

Seasonal distribution of acute coronary syndrome – Zagreb residents (2009).



Source: The Croatian Bureau of Statistics.

LITERATURE

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