Trends and Disparities in Acute MI, 1999-2013

Spatz and coauthors investigated county-level, risk-standardized 1-year mortality rates after myocardial infarction (MI) for Medicare beneficiaries from 1999 through 2013. Although hospitalization for MI and mortality rates declined among counties at all income levels, low-income counties lagged behind high-income counties by 4.3 years. In an Editorial, Joynt and Maddox point out that improvements in admission rates and mortality are promising but efforts must continue to address significant, persistent disparities in cardiovascular health and health outcomes.

Outcome Differences in Men and Women With Atrial Fibrillation

Piccini and coauthors explored a nationwide outpatient database to assess sex differences in symptoms and quality of life in patients with atrial fibrillation. Despite being older and having a higher risk of stroke, women had lower mortality than men. However, women also had more symptoms and worse quality of life. Passman notes in an Invited Commentary that the high comorbidity burden of the women may limit generalizability of the findings, but the differences in outcome cannot be explained by comorbidity burden alone.

Outcomes of a Regional Telephone CPR Program

Bobrow and coauthors implemented a telephone-assisted system for bystander cardiopulmonary resuscitation (CPR) for out-of-hospital cardiac arrest in metropolitan Phoenix, Arizona. It was associated with reduced time to first chest compression, increases in all rhythm and shockable rhythm survival rates, and improvement in functional outcome. Niemann and Lewis indicate in an Invited Commentary that this experience builds on a sophisticated emergency medical services system and that generalizability of results to other regions will depend on systems that can accommodate the diverse populations they serve.

Gait Speed and Operative Mortality in Older Adults

Gait speed is an easily measured index of frailty. Afflalo and coauthors assessed the prognostic potential of 5-m gait speed in patients aged 60 years or older undergoing cardiac surgery in the Society of Thoracic Surgeons (STS) Adult Cardiac Surgery Database. After adjusting for STS predicted risk, gait speed was independently associated with 30-day mortality and the composite of mortality and major morbidity. In their Invited Commentary, Lindman and Rich point out that recognition of frailty before a surgical procedure helps to identify patients who may have suboptimal outcomes.

Hospital Volume Outcomes in Hypertrophic Cardiomyopathy

Kim and coauthors demonstrate significant relationships between hospital volumes and in-hospital adverse events in patients with hypertrophic cardiomyopathy undergoing septal myectomy or alcohol septal ablation. In-hospital mortality with either procedure was significantly higher in low-volume compared with high-volume centers. The Invited Commentary by Ommen and Nishimura points out that most centers providing these services have procedural volumes well below the currently recommended thresholds and it is in patients’ best interest to be referred to Centers of Excellence.