Increasing Frequency of Coronary Heart Disease Among the Elderly in New Jersey: 1986-1996

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Recent studies indicating declining coronary heart disease (CHD) mortality and incidence are based on registries that limit the upper age of the population sample, e.g. <75 years. Setting an age limit of 75 might exclude a large proportion of persons who suffer from CHD. To determine the extent that the declining trends reflect a shifting of cases into higher age groups, rather than prevention of CHD or CHD mortality, we used data from the New Jersey (NJ) statewide myocardial infarction data acquisition system (MIDAS). Methods: MIDAS records (1986-1996) were combined with NJ death certificate records having MI or CHD diagnoses (ICD-9 410-414) as cause of death to yield 434,543 fatal and non-fatal CHD events. The age-specific (35-64, 65-74 and 75-up) frequencies of fatal and non-fatal CHD events were charted across the 11 years. Results: The number of events in the two younger age groups declined steadily; however an increasing frequency of CHD events was seen in the over-75 age group. The total frequency remained unchanged (~40,000 events/year). The median age at event increased from 68 to 69 for men and from 77 to 78 for women. Conclusions: The decline in age-adjusted CHD rates is due primarily to postponement of the appearance of CHD rather than to prevention of the disease (as is the case in infections). The total number of CHD events remains constant due to the aging of the population.

22 Year (1975-97) Trends In The Incidence, In-Hospital And 2 Year Mortality Rates From Initial Non Q-Wave Myocardial infarction: A Multi-Hospital, Community-Wide Perspective

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Background The issue as to whether non Q-wave myocardial infarction (NOWMI) is a distinct clinical entity from Q-wave MI (QWMI) remains controversial. We examined differences in the incidence, in-hospital, and long-term mortality over a 22 year period in patients with initial NOWMI as compared to those with initial QWMI included in the Worcester Heart Attack Study. Methods Observational study of 5,924 metropolitan Worcester residents hospitalized with validated initial MI in all greater Worcester hospitals during 11 annual periods between 1975 and 1997. Results The percentage of first MIs that were NOWMI increased between 1975 and 1997 (1975/78 = 27%, 1986/88 = 41%, 1997 = 56%). While the unadjusted in-hospital mortal-