Epidemiology: Traditional Cardiovascular Risk Factors

Subspeciality: Prevention

Tuesday

West Hall A1-42

Abstracts 3655-3675

Changing Age Distribution of First Ever Acute Myocardial Infarction Among Men and Women in New Jersey Hospitals

Alan S. Wilcox, Ya-Hwa Shen, Marc M. Gospodin, John S. Fantanambo, Alm El Merri, John B. Keats, UNIMH/Robert Wood Johnson Medical School, New Brunswick, NJ; for the MIRA Study Group

While the death rate from coronary heart disease has fallen, the occurrence of non-fatal acute myocardial infarction (AMI) has risen, especially among the elderly. To study the shift in age distribution of first-ever hospitalized AMI, we used two four-year periods, 1996–1999 and 2003–2006 from the New Jersey state hospital admission data acquisition system, MIRA. The age and sex-specific rates were compared for men and women. Results: There were 10,209 index AMI cases in the 1996–1999 period and 58,921 in 2003–2004. The age distribution during the study month shifted towards older ages, with a noticeable drop in occurrence among those aged 65 to 70. The mean age at death for index AMI was 60.8 years.

A3

Remaining Lifetime Risks for Cardiovascular Disease Death by Risk Factor Burden at Selected Ages in Black and White Men and Women

Joel D. Gurevitz, Daniel R. Gansland, Xin Gao, Alan R. Dyer, Donald M. Lloyd-Jones, Northwestern, Evanston, IL

BACKGROUND: Although risk of fatal coronary heart disease (CHD) burden at age 30 years has been reported, the effect of non-fatal coronary events at other ages on lifetime risk for cardiovascular disease (CVD) remains unknown and few data are available for non-whites. METHODS: Using linked autopsy data from the National Heart, Lung, and Blood Institute, we performed 10-year projections from the Framingham Study, the Framingham Offspring Study, and the Physicians Health Study. The goal was to assess the impact of non-fatal coronary events at different ages on lifetime risk for CHD and to determine whether non-fatal events at different ages were associated with higher lifetime risk. RESULTS: Among 21,254 men (mean age 55.7 years) and 24,690 women (mean age 54.9 years), we followed 35,944 men and 40,430 women. Cardiovascular disease mortality at age 65 years was lower in men and women with higher lifetime risk for CHD, particularly in men. CONCLUSIONS: Multifactorial risk factors for CHD are associated with higher lifetime risk for CHD, particularly in men. The presence of evidence of non-fatal coronary events at different ages is associated with higher lifetime risk for CHD, particularly in men.