

Statistics on Myocardial Infarctions 2015

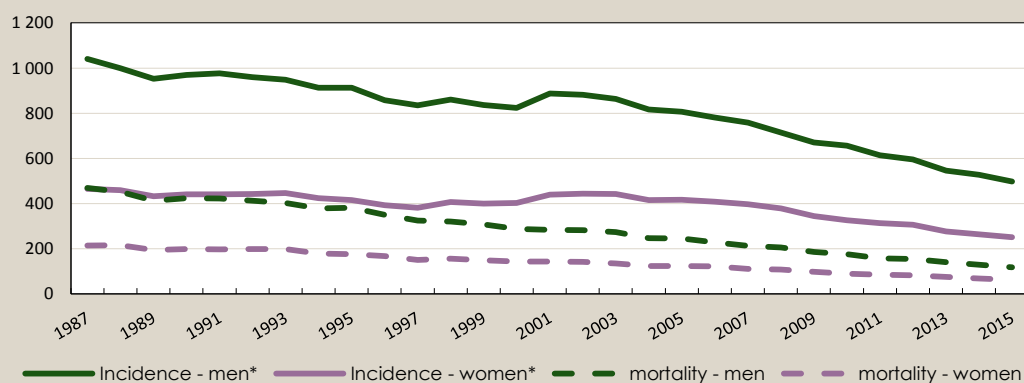
In 2014 more than 27,600 people suffered from an acute myocardial infarction (AMI). The preliminary figures for 2015 show a decrease in the number of people to 26,600. In recent decades, both the number of people and the number who died as a result of AMI decreased sharply. Yet nearly 80 cases of AMI occur every day in Sweden.

Incidence and mortality rate decreases

Both the incidence, the number of attacks per 100,000 inhabitants, and the mortality rate, the number of deaths per 100,000 inhabitants, have steadily decreased since 1987. The incidence shows a peak in 2001 (figure 1). That year the diagnostic criteria for AMI changed. The new definition was broader than previously. Now many patients are diagnosed with AMI that previously would have been diagnosed with some kind of angina.

Figure 1. AMI incidence and mortality rate per 100,000 inhabitants, by gender and year, 20 years and older

Age standardized figures



* The number of incident cases of AMI 2015, preliminary figures

Source: Swedish Patient Register and Swedish Cause of Death Register, National Board of Health and Welfare

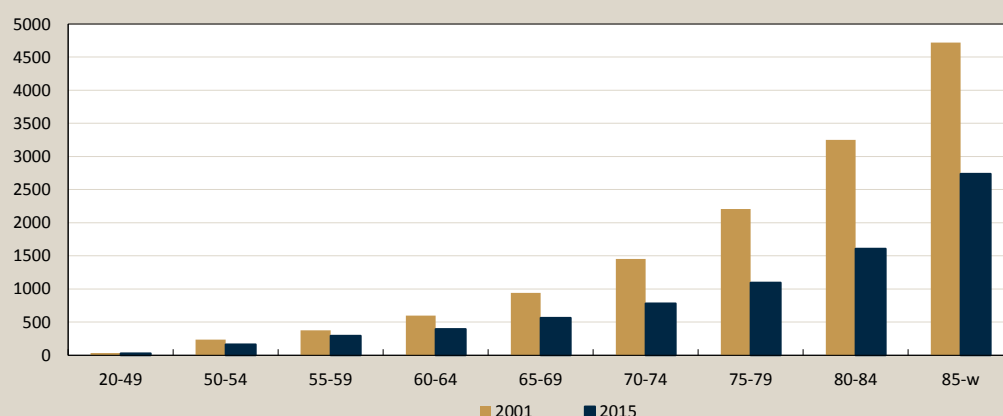
It is much more common for men to suffer from acute myocardial infarction compared with women. The difference between the sexes has decreased over time, both in absolute numbers and in terms of percentage. Despite that, both the age standardized incidence and the age standardized mortality rate in 2015 was twice as high for men as for women.

Age standardization is used to facilitate comparisons between gender, different regions and years, by eliminating the differences associated with differences in the age composition.

Large age differences

Of all cases of acute myocardial infarction in 2015, only four percent occurred in people younger than 50 years. Figure 2 shows that the incidence of AMI increased significantly for each subsequent age group. The figure also shows that in 15 years, the incidence of acute myocardial infarction decreased significantly in all age groups. For age groups 75–79 and 80–84, the decline was greatest with 50 percent.

Figure 2. AMI incidence per 100,000 inhabitants, 2001 and 2015*



* Preliminary figures

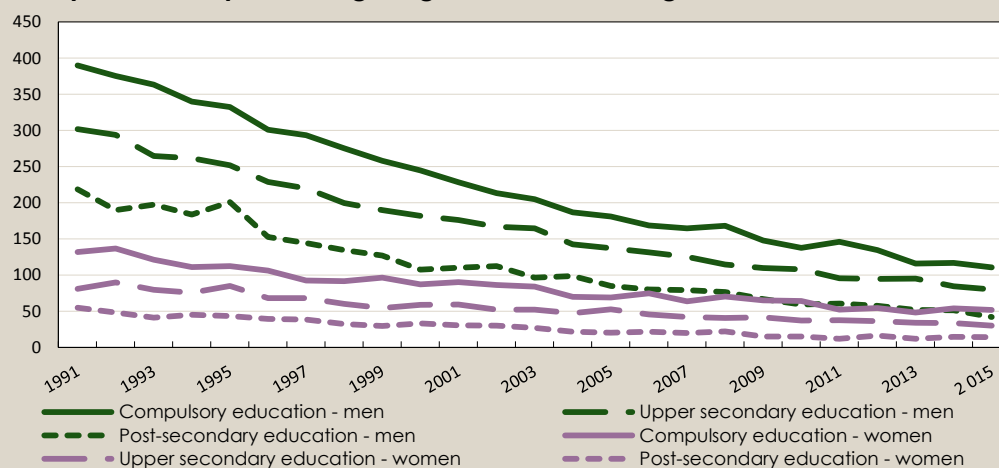
Source: Swedish Patient Register and Swedish Cause of Death Register, National Board of Health and Welfare

Fewer heart attacks among the highly educated

Both the incidence and mortality rate of AMI, for people aged 45–74 years, show a clear difference by level of education, for both men and for women. People with low education have the highest incidence and mortality rate, which decreases for every level of education.

Until the late 00's, the mortality rate was higher among men than women, regardless of education level (figure 3). But in recent years, the mortality rate has been at the same level for men with post-secondary education as for women with compulsory education as their highest education.

Figure 3. AMI mortality rate per 100,000 inhabitants, by sex, educational level and year, 45–74 years of age, age standardized figures

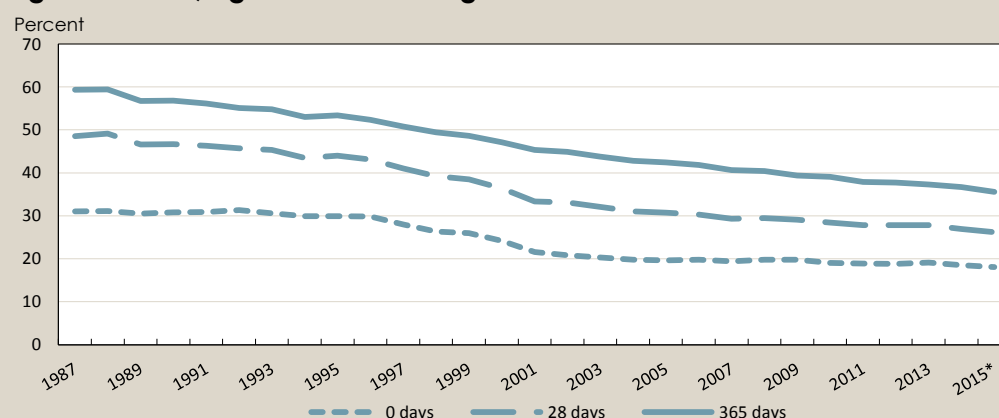


Source: Swedish Patient Register and Swedish Cause of Death Register, National Board of Health and Welfare

Reduced case fatality rate

The case fatality rate, the proportion who die among the cases of AMI, has decreased since 1987 (figure 4). 25 percent of all incident cases of acute myocardial infarction in 2015 led to death within 28 days. It was 18 percent who died the same day as the incident case of acute myocardial infarction occurred. Within a year, 34 percent of those who suffered from acute myocardial infarction passed away.

Figure 4. AMI case fatality rate, deaths within 0, 28 and 365 days, 20 years of age and older, age standardized figures



* Preliminary figures

Source: Swedish Patient Register and Swedish Cause of Death Register, National Board of Health and Welfare

The reduction in the case fatality rate that took place in 2001, which was most evident among those who died on the same day as the attack occurred, depends largely on the changing diagnostic criteria that came into effect at that time.

Even 28-days case fatality rate differs when looking at education. It follows the same pattern as the incidence and mortality rate. The less educated have the highest case fatality rate which then drops for each educational level (table 1). For the highest level of education, the difference between the sexes is greatest. Women with post-secondary education have the lowest AMI case fatality rate.

Table 1. AMI case fatality rate, deaths within 28 days, 45–74 years of age, 2011–2015, age standardized figures

	Compulsory education	Upper secondary education	Post-secondary education
Male	19,9	16,6	13,7
Female	18,7	16,2	11,5

Source: Swedish Patient Register and Swedish Cause of Death Register, National Board of Health and Welfare

Preliminary figures from the Swedish Patient Register for 2015

In the AMI statistics the incidence date is estimated with the start date of the inpatient care in the Swedish Patient Register or the date of death in the Swedish Cause of Death Register. Hospitalizations in the Swedish Patient Register are reported when the patient is discharged. Hospitalizations that began in 2015 and were ended in 2016 are therefore not included in this report, which means that the last year's figures for inpatient care will be slightly adjusted. Hospitalizations with inpatient start date in 2014 and discharge date in 2015 consisted of 535 cases. This represents 2.2 percent of the hospitalized cases and 1.8 percent of all cases in 2014.

More information

You can find more tables, graphs and information in the following Excel file (in Swedish, but with English list of terms):
www.socialstyrelsen.se/publikationer2017/2017-1-19

If you want to use our statistical database (in Swedish):
www.socialstyrelsen.se/statistik/statistikdatabas/hjartinfarkter

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