

Statistics on Myocardial Infarctions 2017

In year 2017 about 25,300 people suffered from an acute myocardial infarction (AMI). Since 2002, the number of people suffering from AMI and mortality per 100,000 inhabitants have both dropped significantly. The number of attacks and of mortality in the population increases with age. The differences between men and women decrease over time, but still more men suffer from AMI and die as a result of AMI.

Incidence and mortality rate decreases

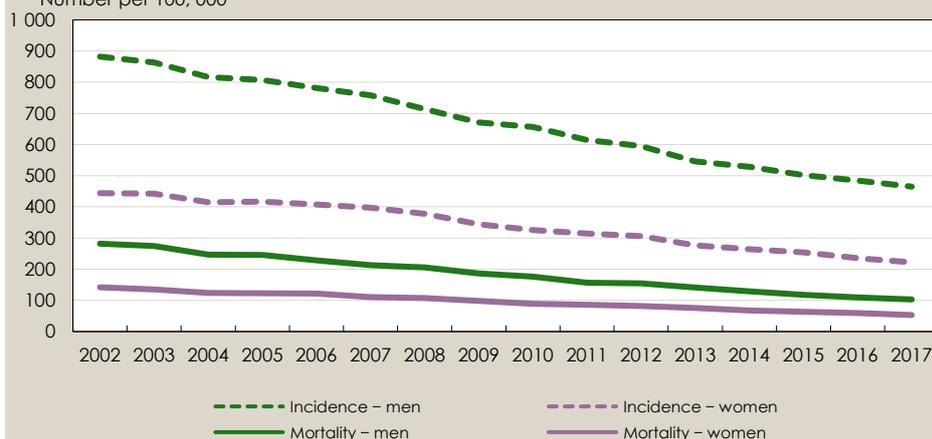
In recent decades, both incidence, number of infarctions per 100,000 inhabitants, and mortality, number of deaths per 100,000 inhabitants, have decreased steadily. Preliminary numbers for 2017 show that around 26,400 cases of acute myocardial infarction occurred, corresponding to about 340 cases per 100,000 inhabitants (see info box on page 4). Nearly 5 900 people died, corresponding to 76 deceased per 100,000 inhabitants.

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, but in 2017, both the age standardized incidence and the age standardized mortality rate were twice as high for men as for women (figure 1).

Figure 1. AMI incidence and mortality rate per 100,000 inhabitants 20 years and older, by gender, 2002–2017*

Age standardized figures

Number per 100, 000

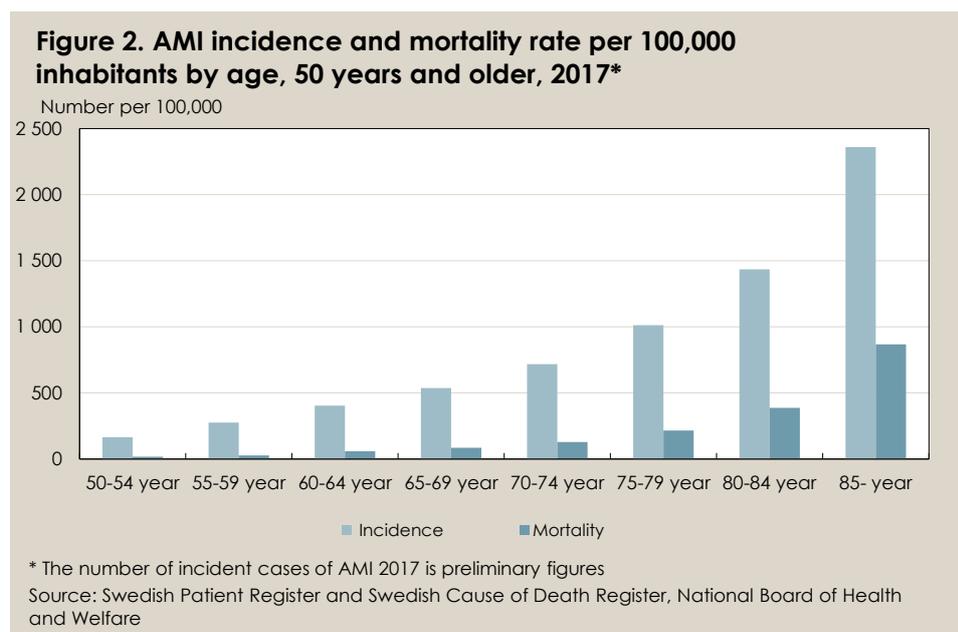


* The number of incident cases of AMI 2017 is preliminary figures

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

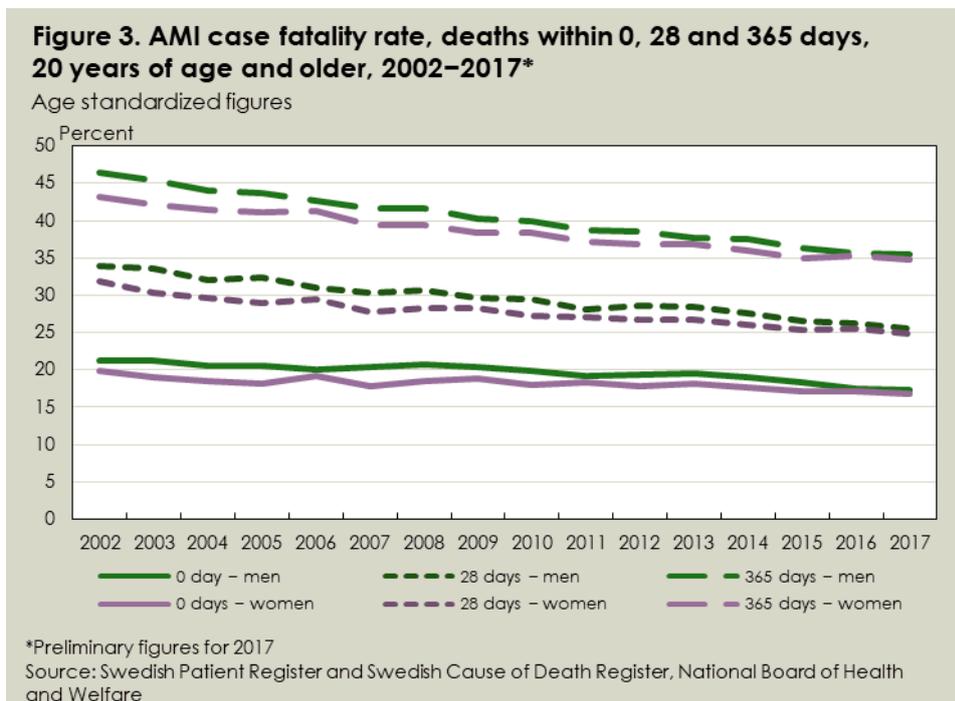
Large age differences

Acute myocardial infarction increases with increasing age. Less than 4 percent of the cases of AMI that occurred in 2017 affected a person younger than 50 years. Figure 2 shows incidence and mortality for different age groups in 2017. In the age group 85 years and older, acute myocardial infarction was over four times more common than in the age group 65–69 years.



Reduced case fatality rate

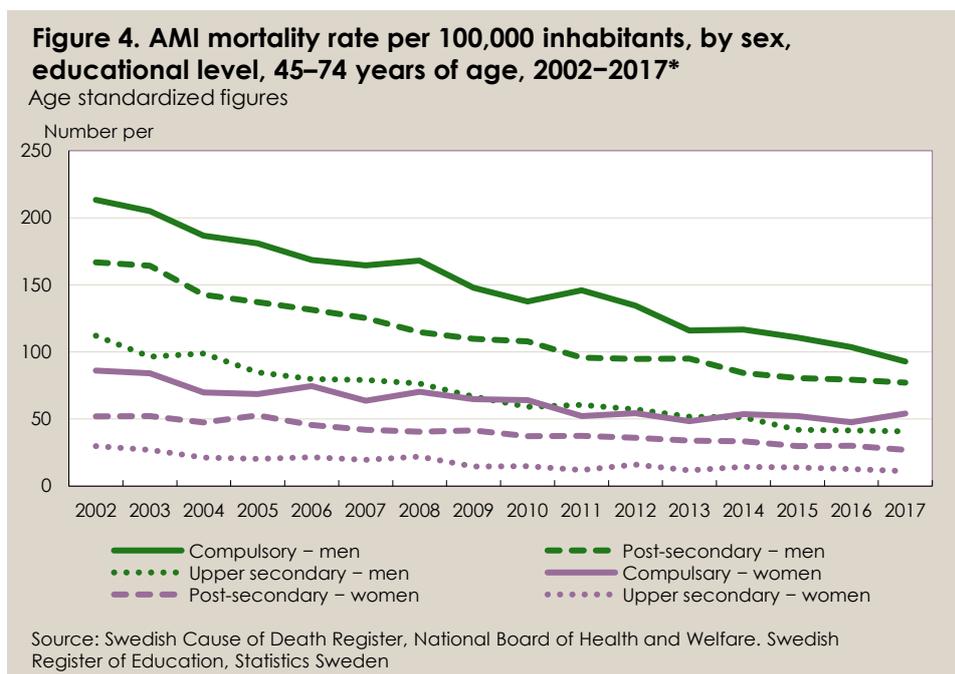
The case fatality rate, the proportion who die among the cases of AMI, has decreased over time (figure 3). The case fatality rate has been higher for men than for women, but the difference between the sexes has declined. By 2017, age-standardized case fatality rate was almost equal for women and men.



Of the acute myocardial infarctions that occurred in 2017, the person died the same day in 17 percent of the cases. In 25 percent of the cases, the person died within 28 days. Within a year, 35 percent of those who suffered from acute myocardial infarction had died, regardless of cause of death.

More heart attacks among people with low education

There are clear differences, both in cases of acute myocardial infarction and mortality, between groups with different educational levels. People with only compulsory education have the highest incidence and mortality per 100,000 inhabitants. Among people with post-secondary education, the occurrence is lowest.



The differences are clear both for women and for men. Until the end of the first decade of the 21st century, mortality has been higher among men than among women regardless of education level. However, in recent years, mortality for men with post-secondary education has been somewhat lower than for women with compulsory education (figure 4).

Higher case fatality rate among people with low education

The proportion that dies within 28 days of an acute myocardial infarction follows the same pattern as incidence and mortality in terms of education. People with the lowest level of education have the highest level of case fatality rate. The higher the education, the lower the case fatality rate (table 1). Among people with post-secondary education, the difference between the sexes is greatest. Women with high education have the lowest AMI case fatality rate.

Table 1. AMI case fatality rate, deaths within 28 days, 45–74 years of age, 2013–2017*

Age standardized figures

	Compulsory education	Upper secondary education	Post-secondary education
Men	18,3	16,4	12,6
Women	19,2	15,6	11,4

*Preliminary figures for 2017

Source: Swedish Patient Register and Swedish Cause of Death Register, National Board of Health and Welfare. Swedish Register of Education, Statistics Sweden

Preliminary figures from the Swedish Patient Register for 2017

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 2017 and ended in 2018 are therefore not included in this report, which means that the figures for inpatient care 2017 will be slightly adjusted. Hospitalizations with inpatient start date one year and discharge date the year after represents approximately 2 percent of the cases.

Age standardized numbers

Some of the figures are age standardized, which means they are adjusted for differences in the age structure of the population.

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/publikationer2018/2018-12-43

If you want to use our statistical database:

www.socialstyrelsen.se/statistics/statisticaldatabase/ami

Contact information:

Pernilla Fagerström, questions regarding statistics

Phone: +46 (0)75-247 30 00

E-mail: patientregistret@socialstyrelsen.se

Bertil Lindahl, questions regarding the subject

Phone: +46 (0) 701 428 580

E-mail: bertil.lindahl@ucr.uu.se