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Patients with Acute Myocardial Infarction Type 2 were Less Likely to get Referred to Cardiac Rehabilitation than Patients with Acute Myocardial Infarction Type 1

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Introduction

Cardiovascular disease remains the leading cause of death in the United States. Amongst a myriad of treatments, cardiac rehabilitation (CR) is one of the non-invasive interventions implemented to reduce re-hospitalizations and mortality related to cardiovascular disease. CR is largely underutilized, however, with only 20-30% participation¹ Current ACC guidelines recommend patients who have experienced an Acute myocardial infarction (AMI) to participate in CR within the year of the cardiovascular event.² However, further specification for AMI type 2 participation compared to type 1 is not as clear.

Objective

To assess if there is any difference in cardiac rehabilitation referrals at UC Davis Medical Center for AMI type 1 and type 2 patients.

Methodology

Retrospective study and chart review of hospitalized patients at UC Davis from 6/1/2017 to 2/29/2020 determining AMI type and referral status. SAS was used for P-value

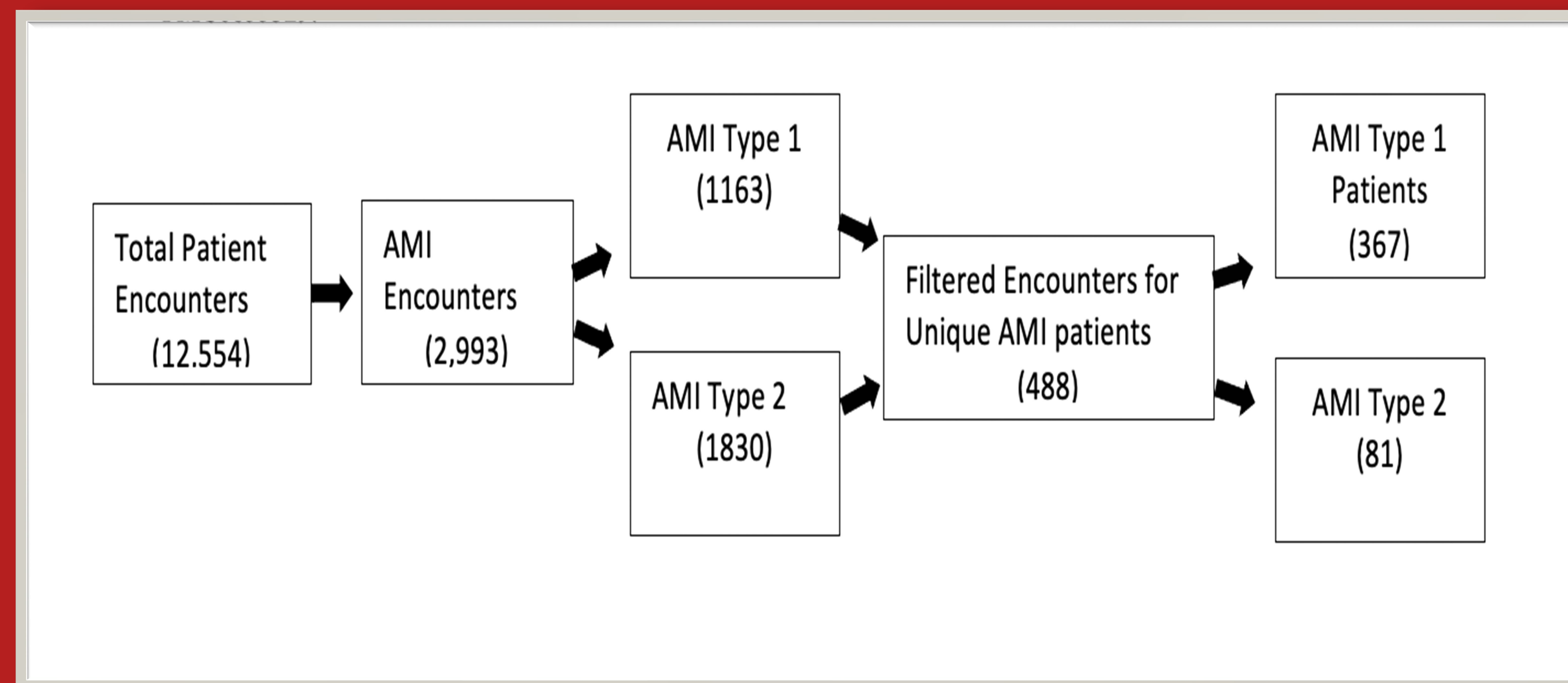


Figure 1 Flow chart of hospitalized patient encounters to unique AMI type 1 and type 2 patients from 6/2017-2/29/2020

Results

AMI Patients, Cardiac referrals, and UC Davis Cardiac Rehab enrollments for AMI Type 1 and Type 2 Patients

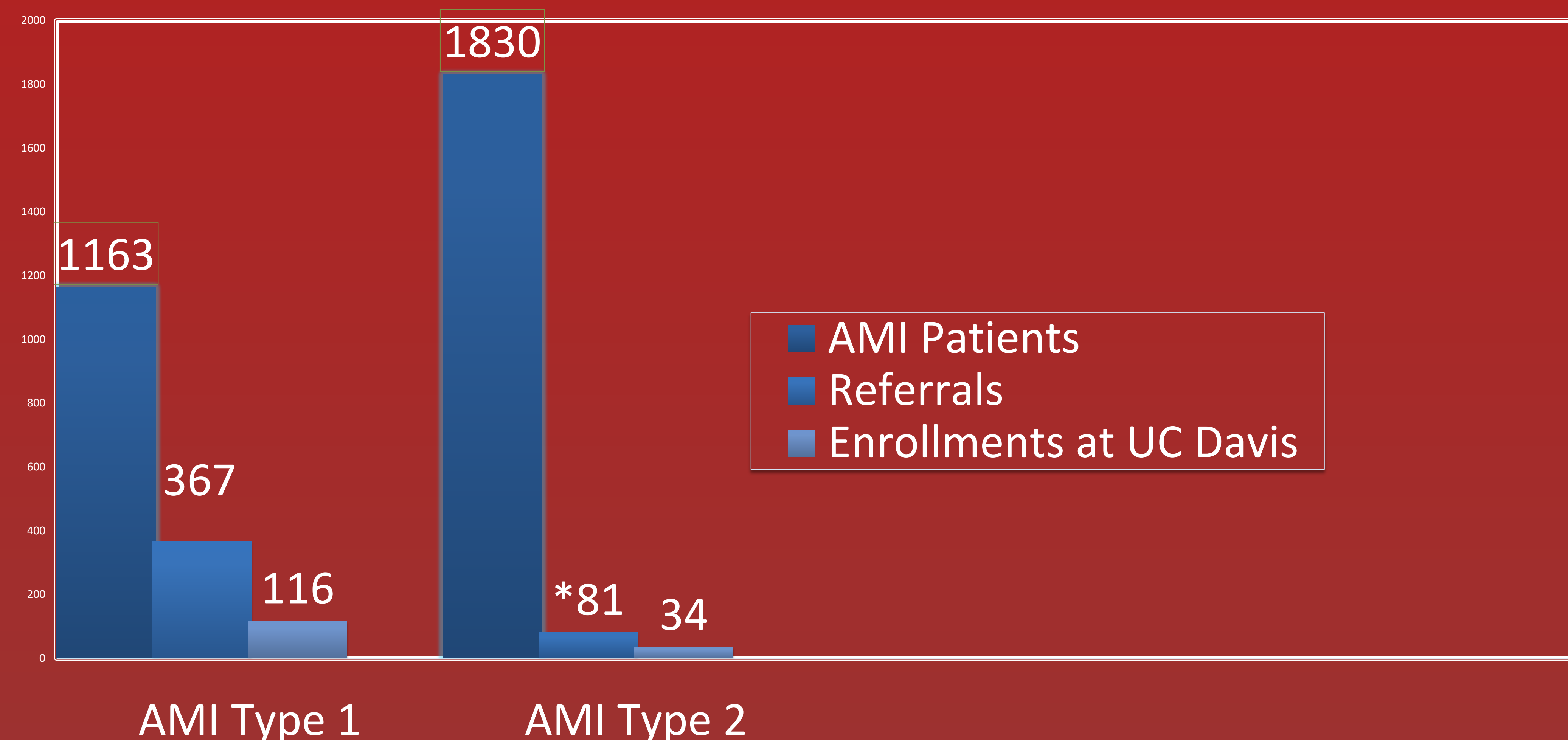


Figure 2 Of this cohort, 2,993 patients had acute myocardial infarction (AMI) (1163 Type 1 and 1830 Type 2). Among AMI patients, 15.74% were referred to CR (24.80% Type 1

Discussion

There is a significant difference between AMI type 1 and type 2 cardiac referrals when examining the UC Davis Medical center. AMI type 2 were referred less than AMI type 1. When cross referencing this data with enrollments at the UC Davis cardiac rehabilitation center, there is a similar trend with 3x the amount of AMI type 1 patients enrolled compared to type 2 patients (Figure 2). Previous clinical evidence show, however patients with AMI type 2 has higher cardiac co-morbidities as well as short and long term mortality³. Considering this difference, and the benefits of cardiac rehabilitation, more AMI type 2 patients should be referred and enrolled in cardiac rehabilitation.

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