

ARIC MANUSCRIPT PROPOSAL FORM

Manuscript #528

1.a. Full Title: Is diabetes an independent risk factor for mortality after MI?

1.b. Abbreviated Title (Length 26): Diabetes and MI mortality

2. Writing Group (list individual with lead responsibility first):

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3. Timeline:

Analysis plan & data analysis within 6 months (data for 1992-93) may not be available for at least 3 mos.

First draft within 2 mos. of data analysis.

4. Rationale:

Previous studies have shown inconsistent results for differences in the risk of mortality after an acute myocardial infarction in diabetic compared with non-diabetic persons. Few have addressed the independent effect of diabetes on mortality. In addition very little is known if and how gender and race modify this risk. The EC community surveillance data could provide further information on this subject, with the advantage of being population-based, and having a relatively large sample of white and African-American men and women.

5. Main Hypothesis: 1) Diabetes is an independent risk factor for short (28-day) and long (1-year) term mortality in patients hospitalized for acute myocardial infarction. 2) effect of diabetes on mortality is greater in African-Americans than in whites. 3) The effect of diabetes on mortality is greater in women than in men. The race and gender differences are explained by greater case severity and comorbidity.

6. Data (variables, time window, source, inclusions/exclusions): Age, gender, race, ARIC community, ARIC MIDX ICD-9 discharge diagnoses, vital status of patients at 28 days and 1 year, comorbidity complications (congestive heart failure, low initial SS 2I location, low or high initial pulse, history of hypertension, history of previous MI, history of stroke, intravenous thrombolytic therapy, CAB& or PTCA performed and medications given during the MIS peak cardiac enzyme levels. Data are available for 1987-91, and will be updated through 1993).