



Enhanced 1-Year Survival of Post-Myocardial Infarction Patients The 'SHL' Telemedicine Experience in Israel

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Background: 'SHL' telemedicine (est. 1987 in Israel) provides professional care to subscribers who use Cardiobeeper and contact its monitor center by telephone. The extended 6-month Acute Coronary Syndrome Israel Survey (ACSIS) 2004 involved all 26 intensive cardiac care units in Israeli hospitals.

Objective: To compare the 1-year survival rates of the 'SHL' telemedicine subscribers and ACSIS participants who survived hospitalization after sustaining an acute myocardial infarction (MI).

Methods: The MI data from the ACSIS cohort were provided for this study by the ACSIS executive from their registry, and the MI 'SHL' telemedicine data were retrieved from 'SHL's files. One-year mortality was ascertained by telephone contacts with patients or their relatives.

Results: Selected epidemiological and outcome data:

Parameter	'SHL' n = 699	ACSIS n = 3899	P Value
Age (mean \pm 1 SD), y	69 \pm 11	63 \pm 13	<0.0001
Male (%)	71	76	0.020
Past MI (%)	34	24	<0.0001
Past stroke (%)	10	7	<0.0032
Heart failure (%)	22	7	<0.0001
Diabetes (%)	32	32	0.885
Hypertension (%)	61	54	0.002
Hyperlipidemia (%)	61	50	<0.0001
1-year follow-up mortality (%)	4.4	9.7	<0.0001

Conclusions: In spite of having more risk factors than ACSIS subjects, 'SHL' telemedicine subscribers had significantly higher survival rates at 1-year compared to ACSIS patients, whose outcome is consistent with that of the industrial world. Facilitated approach to medical care in the pre- and post-hospital setting for patients with suspected cardiac symptoms improves their motivation to seek timely and appropriate medical assistance.