

“Everything Changes,” Except for Mortality from Acute Myocardial Infarction

“Cambia todo cambia”, menos la mortalidad del infarto agudo de miocardio

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The lyrics, composed by songwriter Julio Numhauser and exquisitely performed by Mercedes Sosa, tell us that people, things, and the world change over time; everything can change except love for one’s homeland. To some extent, this poetic expression is repeated in Argentina. Although changes occur constantly and rapidly, the history and serious consequences of myocardial infarction remain unchanged. Nothing has changed; everything remains invariably the same.

This statement is supported by the results of the ARGEN-IAM-ST registry, in a timeline spanning 10 uninterrupted years, where the most striking data were the high in-hospital mortality rates, which remained persistent and unchanged throughout the decade. (1)

Going back to previous experiences, in 2010 the mortality rate of the 705 patients with STEMI admitted to centers with medical residency programs was also similar, close to 8%. (2)

International records, similar to national data in terms of reperfusion times and percentages, show lower mortality rates, ranging from 4.4% to 5.6%, even in Latin American countries with similar socio-cultural characteristics. (3-5)

The epidemiological reality in Argentina is, in fact, even more alarming than these figures suggest, as the available data largely come from institutions with academic training. Unfortunately, there are few population-based surveys available. (6,7)

The dilemma is interpreting why, despite a high reperfusion rate and acceptable in-hospital times, there is no impact on mortality.

In general, this problem has multiple causes, which can be attributed to factors such as a paucity of hospital resources, a reduced availability of cardiac catheterization laboratories in low-income regions, and the presence of untrained and unmotivated staff.

Among the main reasons, the authors highlight “the long time to presentation, with a delay at least 50% longer than observed in other registries.”

Total ischemic time, measured from the onset of symptoms to balloon inflation, was independently associated with all-cause in-hospital mortality.

In another registry, in patients with a time from the onset of symptoms to balloon inflation ≥ 361 minutes, the risk of mortality increased by 50% compared to those with a time from the onset of symptoms to balloon inflation ≤ 120 minutes. (8)

Furthermore, the high incidence of heart failure is related to a greater degree of myocardial injury due to prolonged ischemia. (9,10)

This reality clearly indicates the decline of the national healthcare system—or rather the lack of a system. It falls far short of the World Health Organization’s (WHO) definition of a health system as “all organizations, people, and actions whose primary intent is to promote, restore, or maintain health. This includes medical services (hospitals, clinics), community-based actions, health policies, funding, and the health workforce.” (11)

There is a consensus that ensuring the health of the population is a responsibility that extends beyond the direct actions of the health sector. It is the State as a whole that must serve as the guarantor of health through its comprehensive policies. (12)

This underscores the importance of implementing more efficient care networks in countries with limited resources and prioritizing health policies that ensure equitable and timely access to high-quality reperfusion strategies. (13)

In the contemporary context, the phrase “Argentines, attend to the realities!” articulated by the Spanish philosopher and essayist José Ortega y Gasset holds particular pertinence. It urges Argentines to set

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aside complacency, narcissism, and personal conflicts, thereby redirecting their focus towards the objective and tangible development of the country. (14)

Conflicts of interest

None declared

(See authors conflicts of interest forms on the website).

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