**CLINICAL CHARACTERISTICS, HOSPITAL MANAGEMENT PRACTICES, AND IN-HOSPITAL OUTCOMES OF PATIENTS HOSPITALIZED WITH TYPE 1 AND TYPE 2 MYOCARDIAL INFARCTION: THE WORCESTER HEART ATTACK STUDY**

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*Introduction:* Extremely limited population-based data are available describing differences in the clinical and demographic characteristics, hospital management practices, and in-hospital outcomes of patients with type 1 myocardial infarction (T1MI) as compared with type 2 myocardial infarction (T2MI).

*Methods:* This was a community-based, observational study of 1,047 residents of the Worcester (MA) metropolitan area hospitalized with confirmed acute myocardial infarction (AMI) at all 11 central Massachusetts medical centers during 2011.

*Results:* T1MI was present in 75.3% (n= 788) of patients hospitalized with confirmed AMI. In comparison to patients with T1MI, patients with T2MI were older, more likely to be female, and had more comorbidities previously diagnosed. A greater proportion of patients with T2MI presented to the emergency department with a major hemorrhage (6.2% vs 0.1%) and were more likely to have developed renal failure during their acute hospitalization (48.3% vs 20.2%), but less likely to have developed heart failure. Patients with T2MI were less likely to have received all 4 effective cardiac medications (88.4% vs 93.7%) and coronary revascularization procedures (6.3% vs 53.1%) and had a longer average hospital stay (10.6 days vs 4.7 days) than patients with T1MI.

*Conclusions***:** A considerable proportion of patients hospitalized with AMI are diagnosed with T2MI. These patients present with different characteristics, may have a differential risk of various clinical complications, and are managed differently than patients with T1MI. It remains important to study the clinical profile, in-hospital management, and outcomes of patients with T2MI and to determine the best therapeutic strategies to improve their short-term outcomes.

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