

Short Editorial: “Creation and Implementation of a Prospective Multicenter Registry of Acute Myocardial Infarction: RIAM”

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Cardiovascular diseases, including acute myocardial infarction (AMI), represent a major public health issue in Brazil and worldwide, with elevated incidence and mortality rates.¹ The rates of Brazilian mortality for this group of causes (183.3/100,000)^{1,2} are amongst the highest in the world and is similar to that of countries such as China and areas such as the east of Europe.^{1,3}

The implementation of health promotion policies, early diagnosis and effective treatment are some of the most important prevention and treatment strategies for these diseases, which remain the leading cause of mortality among

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adult patients globally. However, the recognition of these diseases, as well as their real and effective measurements, are among the strategies that must be optimized in our field.

Thus, it is necessary to effectively identify and quantify patients with a diagnosis of AMI so that effective and assertive measures can be taken in an attempt to reduce their morbidity and mortality. One of the best-known measurement techniques is the creation of a representative database that can be easily accessed and interpreted. But here we run into yet another problem: how to create and implement it. Much of these questions were elegantly answered by Vaz J. et al.,⁴ in their article entitled: “Criação e Implementação de um Banco de Dados Prospectivo e Multicêntrico de Paciente com Infarto Agudo do Miocárdio: RIAM” (“Creation and Implementation of a Prospective Multicenter Registry of Acute Myocardial Infarction: RIAM”).⁴ The clear and objective description of the steps required to create, implement and expand these databases provides a unique and unmissable literature for all involved in the approach of these pathologies.

The possibility of having access to information generated by well-designed and reliable databases provides a framework closer to Brazilian reality, increasing decision-making efficacy and improving financial management, which is of paramount importance for public health policies.

References

1. Santos J, Meira KC, Camacho AR, Salvador PTCO, Guimaraes RM, Pierin AMC, Simoes TC, Freire FHMA. Mortalidade por infarto agudo do miocárdio no Brasil e suas regiões geográficas: análise do efeito da idade-período-coorte. *Cienc. Saúde Coletiva*. 2018;23(5):1621-34.
2. Malta DC, Moura L, Prado RR, Schmidt MI, Duncan BB. Mortalidade por doenças crônicas não transmissíveis no Brasil e suas regiões, 2000 a 2011. *Epidemiol Serv Saúde*. 2014; 23(4):599-608.
3. Moran AE, Forouzanfar MH, Roth GA, Mensah GA, Ezzati M, Murray CJ, Naghavi M. Temporal trends in ischemic heart disease mortality in 21 world regions, 1980 to 2010: the Global Burden of Disease 2010 study. *Circulation*. 2014;129(14):1483-92.
4. Vaz J, Abelin AP, Schmidt MM, Oliveira PP, Gottschall CAM, Rodrigues CG, Quadros AS. Criação e Implementação de um Banco de Dados Prospectivo e Multicêntrico de Paciente com Infarto Agudo do Miocárdio: RIAM. *Arq Bras Cardiol*. 2020; 114(3):446-455.

