The findings underscore the need for novel approaches to reduce recurrent MI among older patients in community practice. After excluding patients who were not eligible for Medicare Part A and Part B fee-for-service, the final study population was 19,640 patients discharged from 343 hospitals.

Primary end-point: time to first MI readmission

Mi admission was identified by ICD-9 code: 410.x1 in any diagnosis code in subsequent inpatient claims.

Baseline characteristics, in-hospital procedures, and discharge medications were compared between patients with and without recurrent MI within 5 years after the index MI.

Cox proportional hazards modeling with robust standard errors determined factors associated with MI readmission within 5 years after the index MI.

CRUSADE was an observational study with unmeasured confounders

Fewer hospitals obtained data on STEMI patients.

Recurrence risks were common within 5 years after the index event and 34% of patients had multiple recurrent MIs.

In-hospital revascularization (PCI or CABG) occurred in 62% of older MI patients discharged alive, and was associated with a lower risk of recurrent MI.

These findings underscore the need for novel approaches to reduce the risk of recurrent MIs in this older adult population.