4 Case fatality and medical care

4.1 Case fatality

4.1.1 Definition

The definition of total case fatality used in this document is the number of coronary deaths in the population (that is, deaths that occurred in and out of hospital) divided by the sum of all coronary deaths and non-fatal definite AMIs. Estimates of case fatality for any subgroup only include those events that belong to the subgroup. Estimates of case fatality are presented separately for all events, for those who survived to be admitted to hospital, for those admitted to coronary care units and for those who were admitted to hospital and survived at least 24 hours from the onset of symptoms.

4.1.2 Trends in case fatality in Newcastle and Perth

Total case fatality declined from 1985 to 1993 (Table 4.1). The reduction was statistically significant in Newcastle but not in Perth. The level of case fatality for patients who reached hospital alive fell for men and women in Newcastle but not for men and women in Perth. For those admitted to a coronary care unit there was a statistically significant reduction in case fatality for men in Perth and a similar size reduction, which was not statistically significant, for women in Perth and men in Newcastle.

Table 4.1: Case fatality and estimated average annual percentage change for persons aged 35–64 years, 1985–93[(a)]

Phase of the acute episode	Centre	1985–87	1988–90	1991–93	Estimated annual percentage change (95% CI)
			Per cent[(b)]		
Men					
Pre-hospital	Perth	27.8	26.4	25.3	–0.4 (–0.9, 0.0)
	Newcastle	30.2	29.4	28.5	–0.3 (–1.0, 0.3)
Admitted to hospital	Perth	14.7	15.6	14.7	0.1 (–0.3, 0.5)
	Newcastle	17.2	16.3	12.1	–0.9 (–1.5, –0.3)
Admitted to coronary care unit	Perth	9.8	9.3	6.7	–0.4 (–0.8, –0.1)
	Newcastle	9.6	9.4	7.9	–0.4 (–1.0, 0.2)
Admitted to hospital and survived >24 hours	Perth	9.0	10.7	8.8	0.0 (–0.4, 0.3)
	Newcastle	10.5	10.7	7.3	–0.5 (–1.0, 0.0)
Total case fatality	**Perth**	**38.2**	**37.6**	**36.1**	**–0.3 (–0.8, 0.2)**
	Newcastle	**42.0**	**40.7**	**37.0**	**–0.9 (–1.6, –0.3)**
Women					
Pre-hospital	Perth	29.4	28.1	22.1	–1.3 (–2.2, –0.4)
	Newcastle	28.5	22.5	25.1	–0.6 (–1.6, 0.4)
Admitted to hospital	Perth	27.9	20.2	27.5	0.0 (–1.0, 1.1)
	Newcastle	24.5	20.0	20.2	–1.0 (–2.1, 0.1)
Admitted to coronary care unit	Perth	19.8	12.6	16.5	–0.4 (–1.4, 0.6)
	Newcastle	16.2	16.9	16.5	0.0 (–1.3, 1.4)
Admitted to hospital and survived >24 hours	Perth	19.2	14.2	20.5	0.4 (–0.6 1.4)
	Newcastle	14.9	13.5	12.6	–0.5 (–1.5, 0.5)
Total case fatality	**Perth**	**49.1**	**42.8**	**43.5**	**–1.0 (–2.0, 0.1)**
	Newcastle	**46.0**	**37.9**	**40.0**	**–1.2 (–2.4, –0.1)**

(a) Different rows of this table relate to different denominators.

(b) Age-standardised to the 1991 Australian population.

4.2 Medical care

4.2.1 Coronary care units

In Australia coronary care units have become the principal place for treating patients with definite AMI. Figure 4.1 shows that approximately 90–95% of men and women who were hospitalised with non-fatal definite AMI were treated in coronary care units. The proportion was relatively constant from 1985 to 1993 in both Newcastle and Perth.

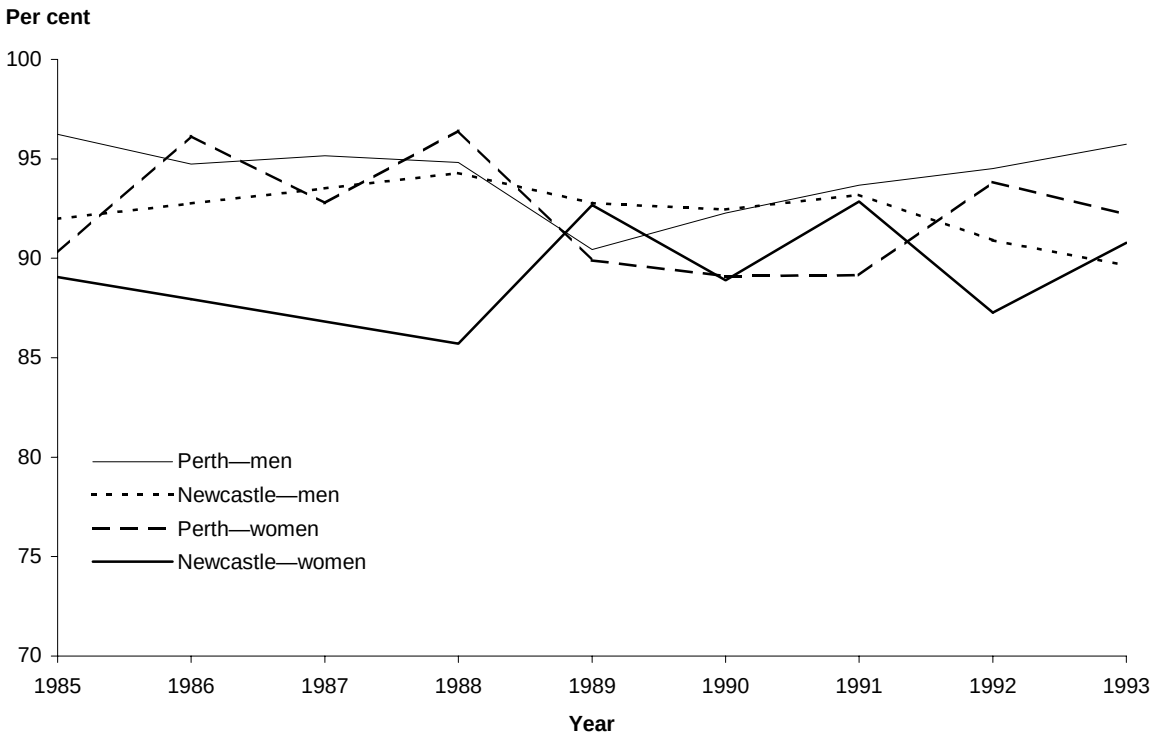

Figure 4.1: Trends in the use of coronary care units for men and women hospitalised with non-fatal definite acute myocardial infarction, 1985–93

4.2.2 Trends in treatments used before the onset of symptoms of AMI

The use of all medications and the prevalence of having undergone a procedure before the onset of symptoms of the current acute episode were much higher among subjects with a previous AMI. The use of aspirin, angiotensin-converting enzyme (ACE) inhibitors and calcium channel blockers before the onset of symptoms among people who had a coronary event increased substantially between 1985 and 1993 (Tables 4.2, 4.3, 4.4 and 4.5). The increase was far greater for those who had suffered a previous AMI. The use of beta blockers before the onset of symptoms decreased—especially in Newcastle—while that of diuretics fell in both centres, but especially in Perth. There were also large increases in Newcastle in the prevalence of those who had undergone angiography and, in both centres, in the prevalence of those who had undergone coronary artery bypass grafting (CABG) or percutaneous transluminal coronary angioplasty (PTCA). The increase in the use of these procedures was predominantly in those with a history of AMI.

Table 4.2: Treatment before the event (per cent) and estimated annual percentage change in level of treatment for men aged 35–64 years with no previous AMI, 1985–93

Treatment	Centre	1985–87	1988–90	1991–93	Estimated annual percentage change (95% CI)
Aspirin	Perth	4.0	7.8	9.8	1.0 (0.6, 1.3)
	Newcastle	9.7	8.7	10.8	0.3 (–0.2, 0.8)
ACE inhibitor	Perth	0.7	3.4	8.1	1.2 (0.9, 1.5)
	Newcastle	2.3	7.3	10.4	1.3 (0.8, 1.7)
Inotropic	Perth	2.6	2.1	1.6	–0.1 (–0.3, 0.1)
	Newcastle	6.6	5.3	4.8	–0.3 (–0.7, 0.1)
Beta blocker	Perth	19.0	16.0	13.4	–0.8 (–1.3, –0.3)
	Newcastle	20.9	20.0	14.9	–1.0 (–1.7, –0.3)
Calcium channel blocker	Perth	7.2	9.6	11.3	0.7 (0.3, 1.0)
	Newcastle	10.3	14.3	16.9	1.3 (0.6, 1.9)
Other antiarrhythmic	Perth	1.1	0.7	0.4	–0.1 (–0.2, 0.0)
	Newcastle	1.0	0.8	1.0	–0.1 (–0.2, 0.1)
Anticoagulant	Perth	0.4	1.2	1.4	0.2 (0.0, 0.3)
	Newcastle	1.8	2.0	1.7	0.0 (–0.3, 0.2)
Diuretic	Perth	13.9	10.8	9.1	–0.7 (–1.1, –0.3)
	Newcastle	17.0	13.2	11.0	–1.0 (–1.6, –0.4)
Nitrate	Perth	9.8	8.7	8.9	–0.1 (–0.5, 0.3)
	Newcastle	14.4	14.6	10.2	–0.6 (–1.2, 0.0)
Coronary angiography	Perth	6.8	6.6	7.6	0.2 (–0.3, 0.7)
	Newcastle	8.3	11.9	14.7	1.1 (0.6, 1.7)
PTCA	Perth	0.7	1.5	1.1	0.1 (–0.1, 0.2)
	Newcastle	0.0	0.0	1.4	0.6 (0.3, 0.9)
CABG	Perth	2.2	2.5	2.5	0.1 (–0.1, 0.3)
	Newcastle	4.2	5.9	6.3	0.4 (0.0, 0.7)

ACE = angiotensin-converting enzyme; AMI = acute myocardial infarction; CABG = coronary artery bypass grafting; PTCA = percutaneous transluminal coronary angioplasty.

Table 4.3: Treatment before the event (per cent) and estimated annual percentage change in level of treatment for men aged 35–64 years with previous AMI, 1985–93

Treatment	Centre	1985–87	1988–90	1991–93	Estimated annual percentage change (95% CI)
Aspirin	Perth	16.9	36.5	51.9	5.7 (4.7, 6.8)
	Newcastle	19.9	33.7	47.0	4.2 (2.8, 5.6)
ACE inhibitor	Perth	3.8	6.2	15.8	2.1 (1.4, 2.8)
	Newcastle	5.6	17.5	36.6	4.9 (3.8, 6.1)
Inotropic	Perth	12.4	10.7	6.9	–0.9 (–1.6, –0.2)
	Newcastle	25.1	26.2	17.6	–1.7 (–3.0, –0.5)
Beta blocker	Perth	35.9	37.1	40.0	0.8 (–0.4, 1.9)
	Newcastle	40.4	26.7	29.5	–1.7 (–3.1, –0.3)
Calcium channel blocker	Perth	28.2	34.6	32.5	1.0 (–0.1, 2.1)
	Newcastle	34.4	35.1	40.8	1.3 (–0.1, 2.8)
Other antiarrhythmic	Perth	6.5	2.9	3.4	–0.4 (–0.8, 0.1)
	Newcastle	6.3	5.2	2.7	–0.6 (–1.3, 0.0)
Anticoagulant	Perth	8.8	6.9	10.4	0.6 (0.0, 1.3)
	Newcastle	2.8	3.6	9.4	1.0 (0.3, 1.7)
Diuretic	Perth	32.4	21.3	22.6	–1.7 (–2.7, –0.6)
	Newcastle	30.9	28.7	24.8	–1.1 (–2.4, 0.3)
Nitrate	Perth	49.4	50.5	52.2	0.2 (–0.9, 1.4)
	Newcastle	56.6	51.8	54.3	–0.5 (–2.0, 0.9)
Coronary angiography	Perth	49.3	62.4	64.3	1.5 (–0.1, 3.1)
	Newcastle	39.0	62.4	67.4	4.4 (3.1, 5.8)
PTCA	Perth	7.9	13.3	14.5	0.9 (0.1, 1.7)
	Newcastle	0.0	1.4	7.4	1.7 (0.4, 3.0)
CABG	Perth	15.8	21.5	21.0	1.0 (0.2, 1.8)
	Newcastle	14.1	31.2	27.6	2.2 (1.0, 3.4)

ACE = angiotensin-converting enzyme; AMI = acute myocardial infarction; CABG = coronary artery bypass grafting; PTCA = percutaneous transluminal coronary angioplasty.

Table 4.4: Treatment before the event (per cent) and estimated annual percentage change in level of treatment for women aged 35–64 years with no previous AMI, 1985–93

Treatment	Centre	1985–87	1988–90	1991–93	Estimated annual percentage change (95% CI)
Aspirin	Perth	2.9	5.3	8.2	0.9 (0.2, 1.6)
	Newcastle	7.8	12.9	12.1	0.7 (–0.3, 1.7)
ACE inhibitor	Perth	2.6	4.1	15.5	2.3 (1.4, 3.1)
	Newcastle	4.4	10.8	12.4	1.4 (0.5, 2.3)
Inotropic	Perth	2.7	2.4	2.4	0.1 (–0.4, 0.5)
	Newcastle	18.3	9.1	6.1	–1.8 (–2.8, –0.8)
Beta blocker	Perth	18.1	18.2	18.0	–0.1 (–1.3, 1.0)
	Newcastle	36.0	23.4	24.8	–2.1 (–3.5, –0.7)
Calcium channel blocker	Perth	11.1	15.3	19.4	1.3 (0.2, 2.4)
	Newcastle	18.1	17.1	24.8	1.0 (–0.2, 2.2)
Other antiarrhythmic	Perth	1.0	0.5	0.0	–0.2 (–0.4, 0.0)
	Newcastle	4.3	1.0	1.3	–0.4 (–0.8, 0.1)
Anticoagulant	Perth	2.6	0.3	2.2	0.0 (–0.4, 0.3)
	Newcastle	2.7	0.0	2.5	0.0 (–0.4, 0.4)
Diuretic	Perth	28.5	23.5	21.9	–1.1 (–2.3, 0.2)
	Newcastle	37.5	25.5	35.2	–0.2 (–1.7, 1.2)
Nitrate	Perth	14.8	17.4	14.9	0.1 (–1.0, 1.2)
	Newcastle	24.6	14.7	13.4	–1.6 (–2.8, –0.4)
Coronary angiography	Perth	8.5	8.7	7.3	–0.3 (–1.4, 0.7)
	Newcastle	7.9	10.9	16.5	1.6 (0.7, 2.5)
PTCA	Perth	1.0	0.7	1.9	0.2 (–0.2, 0.5)
	Newcastle	0.0	0.7	0.7	0.0 (–0.6, 0.5)
CABG	Perth	1.3	2.0	2.0	0.2 (–0.2, 0.5)
	Newcastle	1.7	5.1	5.4	0.6 (0.0, 1.1)

ACE = angiotensin-converting enzyme; AMI = acute myocardial infarction; CABG = coronary artery bypass grafting; PTCA = percutaneous transluminal coronary angioplasty.

Table 4.5: Treatment before the event (per cent) and estimated annual percentage change in level of treatment for women aged 35–64 years with previous AMI, 1985–93

Treatment	Centre	1985–87	1988–90	1991–93	Estimated annual percentage change (95% CI)
Aspirin	Perth	24.1	41.9	44.1	4.5 (2.3, 6.8)
	Newcastle	23.6	25.4	48.0	3.8 (0.9, 6.8)
ACE inhibitor	Perth	1.0	8.7	28.6	4.9 (3.3 6.5)
	Newcastle	11.6	28.8	26.4	2.7 (–0.1, 5.5)
Inotropic	Perth	15.5	18.9	17.9	0.1 (–1.8, 1.9)
	Newcastle	54.7	26.7	31.1	–4.1 (–7.1, –1.2)
Beta blocker	Perth	44.0	32.5	38.2	–1.0 (–3.3, 1.3)
	Newcastle	47.8	40.2	32.5	–3.2 (–6.3, –0.1)
Calcium channel blocker	Perth	44.2	43.2	42.0	0.0 (–2.4, 2.4)
	Newcastle	51.9	43.6	43.6	–0.7 (–3.7, 2.4)
Other antiarrhythmic	Perth	0.9	4.1	6.7	0.9 (–0.1, 1.8)
	Newcastle	6.5	4.4	13.5	0.8 (–1.0, 2.6)
Anticoagulant	Perth	4.0	5.2	17.1	2.0 (0.7, 3.3)
	Newcastle	2.3	8.7	2.1	–0.2 (–1.6, 1.2)
Diuretic	Perth	57.6	43.0	44.5	–2.6 (–5.0, –0.2)
	Newcastle	56.1	39.6	48.6	–1.4 (–4.5, 1.8)
Nitrate	Perth	49.2	58.6	61.0	2.0 (–0.4, 4.4)
	Newcastle	72.5	54.5	63.0	–2.1 (–4.9, 0.7)
Coronary angiography	Perth	63.1	48.7	50.4	–0.5 (–4.0, 3.0)
	Newcastle	38.8	45.5	57.9	4.4 (1.6, 7.3)
PTCA	Perth	8.5	5.1	9.6	0.3 (–1.0, 1.6)
	Newcastle	0.0	2.1	5.1	0.2 (–2.0, 2.4)
CABG	Perth	12.1	14.2	22.0	1.5 (0.0, 3.1)
	Newcastle	21.6	17.3	34.2	2.4 (0.1, 4.8)

ACE = angiotensin-converting enzyme; AMI = acute myocardial infarction; CABG = coronary artery bypass grafting; PTCA = percutaneous transluminal coronary angioplasty.

4.2.3 Trends in treatments used during AMI

From 1985 to 1993 there was a rapid increase in the use of aspirin, ACE inhibitors and thrombolytic therapy for men and women admitted to hospital with definite AMI in both Perth and Newcastle (Figures 4.2, 4.3, 4.4 and Tables 4.6 and 4.7). The use of beta blockers increased in both centres but while the use of calcium channel blockers increased in Newcastle there was a substantial reduction in their use in Perth (Figures 4.5 and 4.6). There was also an increase in the use of angiography, CABG and PTCA in both centres.

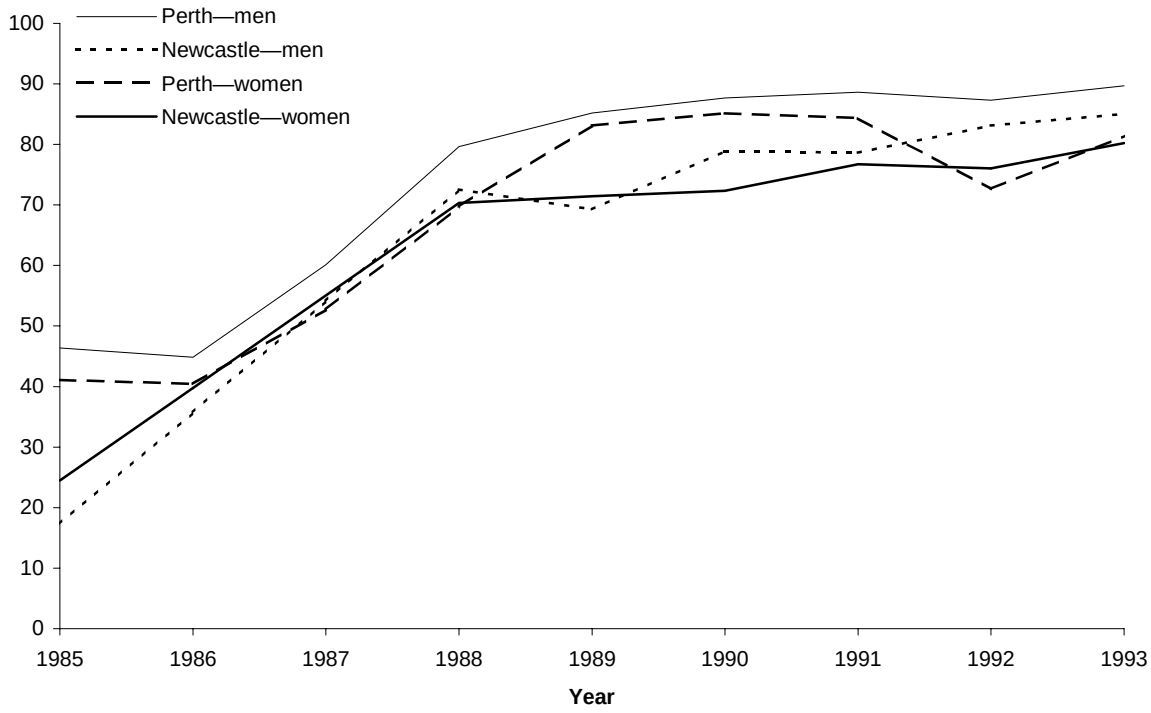

Figure 4.2: Trends in the use of aspirin for men and women admitted to hospital with acute myocardial infarction, 1985–93

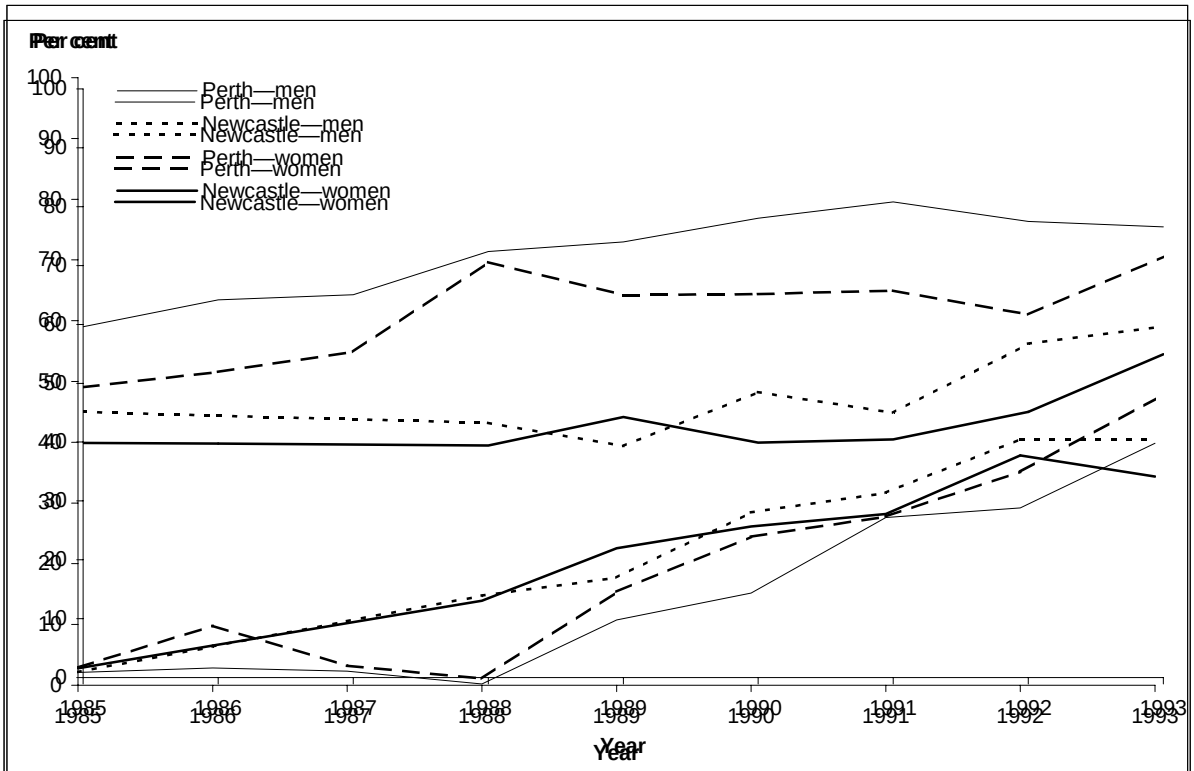

Figure 4.3: Trends in the use of ACE inhibitors for men and women admitted to hospital with acute myocardial infarction, 1985–93

Figure 4.5: Trends in the use of beta blockers for men and women admitted to hospital with acute myocardial infarction, 1985–93

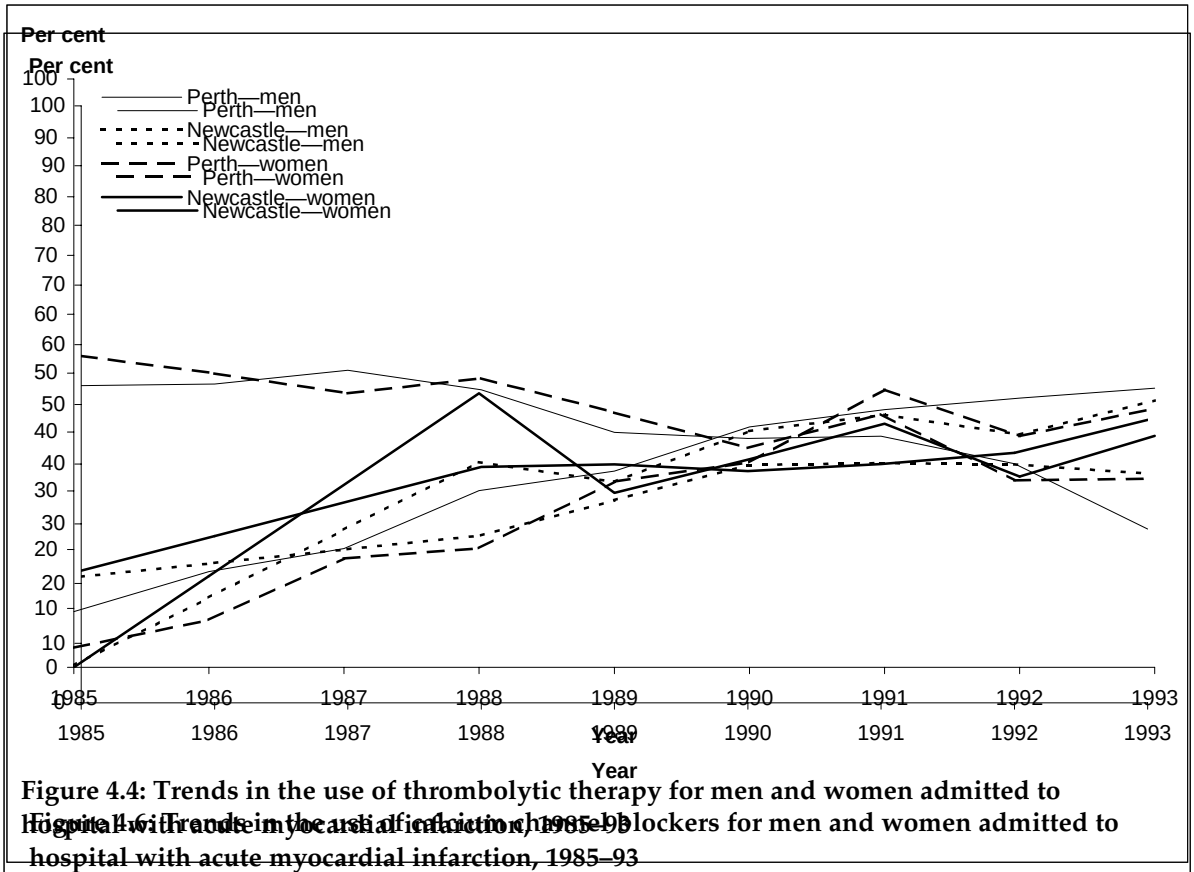

Figure 4.4: Trends in the use of thrombolytic therapy for men and women admitted to hospital with acute myocardial infarction, 1985–93

Figure 4.6: Trends in the use of calcium channel blockers for men and women admitted to hospital with acute myocardial infarction, 1985–93

Table 4.6: Treatment during the event (per cent) and estimated annual percentage change in level of treatment for men aged 35–64 years, 1985–93

Treatment	Centre	1985	1986–87	1988–90	1991–93	Estimated annual percentage change (95% CI)
Aspirin	Perth	46.7	52.7	84.4	88.7	6.1 (5.7, 6.6)
	Newcastle	17.4	NR	73.9	82.1	8.5 (7.7, 9.3)
ACE inhibitor	Perth	2.1	2.6	9.1	32.1	4.9 (4.5, 5.2)
	Newcastle	2.0	NR	21.3	36.9	5.1 (4.3, 5.9)
Thrombolytic therapy	Perth	9.8	18.3	35.0	45.9	5.1 (4.6, 5.6)
	Newcastle	0.4	NR	36.0	43.2	5.6 (4.8, 6.5)
Inotropic	Perth	20.1	20.2	19.5	15.1	–0.7 (–1.2, –0.3)
	Newcastle	25.0	NR	22.3	21.6	–0.5 (–1.3, 0.3)
Beta blocker	Perth	60.0	65.1	75.1	78.6	2.5 (2.0, 3.0)
	Newcastle	45.0	NR	44.0	53.8	1.8 (0.8, 2.8)
Calcium channel blocker	Perth	53.0	54.6	47.1	38.0	–2.8 (–3.4, –2.2)
	Newcastle	20.7	NR	34.9	39.3	2.6 (1.7, 3.5)
Other antiarrhythmic	Perth	43.4	40.9	30.5	31.2	–1.7 (–2.2, –1.1)
	Newcastle	28.4	NR	25.4	30.4	0.5 (–0.3, 1.4)
Anticoagulant	Perth	87.6	88.7	80.3	84.0	–0.6 (–1.0, –0.1)
	Newcastle	78.6	NR	84.2	85.5	1.0 (0.3, 1.7)
Diuretic	Perth	43.0	37.1	34.5	33.7	–0.9 (–1.5, –0.4)
	Newcastle	36.6	NR	28.7	31.5	–0.6 (–1.5, 0.3)
Nitrate	Perth	88.2	85.0	85.8	89.7	0.5 (0.1, 0.9)
	Newcastle	74.0	NR	72.1	85.0	2.0 (1.2, 2.8)
Coronary angiography	Perth	13.8	18.8	19.9	28.1	1.9 (1.4, 2.4)
	Newcastle	0.0	NR	6.6	11.9	1.9 (1.4, 2.4)
PTCA	Perth	7.6	4.9	7.4	8.7	0.5 (0.2, 0.8)
	Newcastle	0.0	NR	0.0	0.4	0.1 (0.0, 0.2)
CABG	Perth	2.6	3.2	3.9	4.3	0.2 (0.0, 0.4)
	Newcastle	0.0	NR	0.5	1.2	0.2 (0.1, 0.4)

NR = not recorded.

ACE = angiotensin-converting enzyme; AMI = acute myocardial infarction; CABG = coronary artery bypass grafting; PTCA = percutaneous transluminal coronary angioplasty.

Table 4.7: Treatment during the event (per cent) and estimated annual percentage change in level of treatment for women aged 35–64 years, 1985–93

Treatment	Centre	1985	1986–87	1988–90	1991–93	Estimated annual percentage change (95% CI)
Aspirin	Perth	41.4	46.1	79.9	79.6	5.8 (4.7, 6.9)
	Newcastle	25.0	NR	70.3	77.9	7.0 (5.5, 8.4)
ACE inhibitor	Perth	2.0	6.2	16.3	36.6	5.6 (4.7, 6.6)
	Newcastle	3.2	NR	23.7	33.1	4.2 (2.8, 5.6)
Thrombolytic therapy	Perth	3.0	12.6	28.6	42.7	5.5 (4.4, 6.5)
	Newcastle	0.0	NR	32.2	36.5	4.3 (2.8, 5.7)
Inotropic	Perth	26.4	30.1	29.9	27.7	–0.2 (–1.3, 0.9)
	Newcastle	36.6	NR	29.6	30.1	–1.0 (–2.6, 0.5)
Beta blocker	Perth	48.0	53.3	65.3	66.3	2.3 (1.1, 3.5)
	Newcastle	39.7	NR	41.1	46.7	1.4 (–0.3, 3.1)
Calcium channel blocker	Perth	57.2	54.0	49.1	40.5	–2.6 (–3.8, –1.4)
	Newcastle	24.1	NR	40.4	43.1	2.4 (0.8, 4.1)
Other antiarrhythmic	Perth	39.4	42.1	33.1	38.5	–0.9 (–2.1, 0.3)
	Newcastle	30.9	NR	26.5	31.5	0.1 (–1.4, 1.7)
Anticoagulant	Perth	78.1	85.2	79.9	76.8	–0.6 (–1.6, 0.3)
	Newcastle	76.1	NR	77.5	81.7	0.9 (–0.4, 2.3)
Diuretic	Perth	57.6	50.6	49.9	48.4	–0.5 (–1.8, 0.7)
	Newcastle	44.3	NR	37.5	49.4	1.0 (–0.6, 2.7)
Nitrate	Perth	83.4	85.5	86.9	82.0	–0.4 (–1.3, 0.5)
	Newcastle	71.2	NR	71.6	79.6	1.7 (0.2, 3.2)
Coronary angiography	Perth	9.0	16.4	19.0	25.5	2.0 (1.0, 2.9)
	Newcastle	0.0	NR	9.2	10.6	1.3 (0.4, 2.2)
PTCA	Perth	3.1	7.6	4.7	8.1	0.4 (–0.2, 1.0)
	Newcastle	0.0	NR	0.0	0.4	0.1 (–0.1, 0.2)
CABG	Perth	0.8	1.8	4.5	3.9	0.5 (0.0, 0.9)
	Newcastle	0.0	NR	0.0	1.5	0.2 (0.0, 0.5)

NR = not recorded.

ACE = angiotensin-converting enzyme; AMI = acute myocardial infarction; CABG = coronary artery bypass grafting; PTCA = percutaneous transluminal coronary angioplasty.

4.2.4 Trends in drugs prescribed at discharge for those who survived a definite AMI

The use of aspirin at discharge from hospital increased from 30% in Perth and 10% in Newcastle during 1985 to over 80% in 1993. There were also increases in the use of ACE inhibitors and beta blockers. In Perth there was a decline in the use of calcium channel blockers from 1985 to 1993, whereas in Newcastle there was a sharp increase.

Table 4.8: Treatment at discharge (per cent) and estimated annual percentage change in level of treatment for men aged 35–64 years, 1985–93

Drugs prescribed at discharge	Centre	1985	1986–87	1988–90	1991–93	Estimated annual percentage change (95% CI)
Aspirin	Perth	31.4	50.3	84.8	88.3	7.5 (7.0, 8.0)
	Newcastle	13.4	NR	75.2	83.1	8.9 (8.1, 9.7)
ACE inhibitor	Perth	0.7	1.3	6.9	29.8	4.7 (4.3, 5.1)
	Newcastle	1.5	NR	18.0	32.7	4.4 (3.6, 5.2)
Inotropic	Perth	5.3	4.9	5.4	2.5	–0.4 (–0.7, –0.2)
	Newcastle	16.1	NR	11.1	9.2	–0.9 (–1.6, –0.2)
Beta blocker	Perth	55.8	62.1	72.8	81.4	3.4 (2.9, 4.0)
	Newcastle	44.2	NR	42.6	50.9	1.6 (0.5, 2.6)
Calcium channel blocker	Perth	28.3	31.2	30.9	22.4	–1.3 (–1.8, –0.7)
	Newcastle	15.2	NR	31.1	35.6	2.6 (1.7, 3.6)
Other antiarrhythmic	Perth	4.5	3.5	1.2	1.6	–0.4 (–0.6, –0.2)
	Newcastle	3.9	NR	4.8	3.9	0.0 (–0.4, 0.4)
Anticoagulant	Perth	31.1	29.1	17.7	21.7	–1.2 (–1.8, –0.7)
	Newcastle	2.5	NR	4.9	5.0	0.3 (–0.1, 0.8)
Diuretic	Perth	26.7	19.4	16.8	13.9	–1.4 (–1.9, –0.9)
	Newcastle	21.2	NR	14.7	17.8	–0.4 (–1.1, 0.4)
Nitrate	Perth	83.1	75.8	81.5	77.6	–0.4 (–0.9, 0.1)
	Newcastle	53.7	NR	59.4	63.3	1.3 (0.3, 2.4)

NR = not recorded.

ACE = angiotensin-converting enzyme.

Table 4.9: Treatment at discharge (per cent) and estimated annual percentage change in level of treatment for women aged 35–64 years, 1985–93

Drugs prescribed at discharge	Centre	1985	1986–87	1988–90	1991–93	Estimated annual percentage change (95% CI)
Aspirin	Perth	35.3	46.1	76.9	89.5	7.5 (6.3, 8.7)
	Newcastle	11.9	NR	68.6	83.2	8.7 (7.1, 10.3)
ACE inhibitor	Perth	0.0	1.4	12.6	36.3	6.1 (5.0, 7.1)
	Newcastle	1.2	NR	21.1	30.1	4.2 (2.7, 5.7)
Inotropic	Perth	2.8	5.5	8.5	4.9	–0.1 (–0.8, 0.6)
	Newcastle	25.5	NR	14.7	16.0	–1.3 (–2.7, 0.1)
Beta blocker	Perth	45.5	54.2	58.9	68.1	2.7 (1.2, 4.1)
	Newcastle	34.0	NR	41.7	44.4	1.3 (–0.6, 3.2)
Calcium channel blocker	Perth	42.3	35.7	37.8	28.4	–1.6 (–3.0, –0.3)
	Newcastle	11.5	NR	41.9	41.9	3.5 (1.7, 5.3)
Other antiarrhythmic	Perth	0.0	0.8	2.3	1.2	0.1 (–0.3, 0.4)
	Newcastle	7.2	NR	2.5	4.0	–0.5 (–1.2, 0.2)
Anticoagulant	Perth	21.8	21.7	15.8	16.6	–0.7 (–1.8, 0.4)
	Newcastle	7.9	NR	3.3	5.6	0.1 (–0.7, 1.0)
Diuretic	Perth	35.8	30.8	29.3	20.7	–1.9 (–3.2, –0.6)
	Newcastle	27.4	NR	25.7	29.4	0.4 (–1.3, 2.0)
Nitrate	Perth	79.7	78.5	78.6	78.9	0.1 (–1.1, 1.3)
	Newcastle	53.4	NR	65.4	70.6	2.7 (0.9, 4.5)

NR = not recorded.

ACE = angiotensin-converting enzyme.