THE IMPACT OF DAYLIGHT SAVINGS TIME ON THE TIMING AND INCIDENCE OF PATIENTS UNDERGOING PERCUTANEOUS CORONARY INTERVENTION FOR ACUTE MYOCARDIAL INFARCTION

Poster Contributions
Hall C
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Background: Prior research has shown a transient increase in the incidence of acute myocardial infarction (AMI) after daylight savings time (DST) in the spring as well as a decrease in AMI after returning to standard time in the fall. These findings have not been verified in a broader population of the United States and if extant, may have significant public health and policy implications.

Methods: We assessed admissions for AMI undergoing PCI in the BCBS Cardiovascular Consortium database for the weeks immediately preceding and following the 3 spring and fall daylight savings time changes between March 2010 and November 2012.

Results: There was no difference in the total weekly number of PCIs performed for either the fall or spring time changes, with 661 occurring the week before and 654 after the spring time change (p = .87), and 610 before vs. 652 after fall time change (p = .25). Figure 1 displays admissions by day of the week before and after DST. The effect of spring DST on presentations of AMI was most pronounced on the Monday following the time change, with a 34% increase in admissions compared to the previous Monday (125 vs 93, p = .035), but was offset by a decline in admissions on subsequent weekdays. No significant change in volume was seen for any weekdays following the fall DST.

Conclusion: In the week following the seasonal time change, daylight savings time impacts the timing of presentations for acute myocardial infarction but does not influence the overall incidence of this disease.