

Person—myocardial infarction (history), code N

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Person—myocardial infarction (history), code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Myocardial infarction (history)
METEOR identifier:	270285
Registration status:	Health , Standard 01/03/2005
Definition:	Whether the individual has had a myocardial infarction, as represented by a code.
Data Element Concept:	Person—myocardial infarction
Value Domain:	Myocardial infarction history code N

Value domain attributes

Representational attributes

Representation class:	Code	
Data type:	Number	
Format:	N	
Maximum character length:	1	
	Value	Meaning
Permissible values:	1	Myocardial infarction - occurred in the last 12 months
	2	Myocardial infarction - occurred prior to the last 12 months
	3	Myocardial infarction - occurred both in and prior to the last 12 months
	4	No history of myocardial infarction
Supplementary values:	9	Not stated/inadequately described

Data element attributes

Collection and usage attributes

Collection methods: Ask the individual if he/she has had a myocardial infarction. If so determine whether it was within or prior to the last 12 months (or both). Record if evidenced by ECG changes or plasma enzyme changes.


Alternatively obtain this information from appropriate documentation.

Source and reference attributes

Submitting organisation:	National diabetes data working group
Origin:	National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary.
Reference documents:	Long-term Results From the Diabetes and Insulin-Glucose Infusion in Acute Myocardial Infarction (DIGAMI) Study Circulation. 1999;99: 2626-2632.

Relational attributes

**Related metadata
references:**

Is re-engineered from  [Myocardial infarction - history, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (16.7 KB)
No registration status

**Implementation in Data Set
Specifications:**

[Acute coronary syndrome \(clinical\) DSS](#)
[Health](#), Superseded 01/10/2008
DSS specific information:

Myocardial infarction (MI) generally occurs as a result of a critical imbalance between coronary blood supply and myocardial demand. Decrease in coronary blood flow is usually due to a thrombotic occlusion of a coronary artery previously narrowed by atherosclerosis. MI is one of the most common diagnoses in hospitalised patients in industrialised countries.

The most widely used in the detection of MI are creatinine kinase (CK) and (CK-MB), aspartate aminotransferase (AST) and lactate dehydrogenase (LD). Characteristic ECG changes include ST elevation, diminution of the R wave and a Q wave development. A recent study on Diabetes and Insulin-Glucose Infusion in Acute Myocardial Infarction (DIGAMI study) indicated that in diabetic patients with AMI, mortality is predicted by age, previous heart failure, and severity of the glycometabolic state at admission, but not by conventional risk factors or sex (American Heart Association 1999).

[Acute coronary syndrome \(clinical\) DSS](#)
[Health](#), Superseded 07/12/2005
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[Diabetes \(clinical\) DSS](#)
[Health](#), Superseded 21/09/2005

[Diabetes \(clinical\) NBPDS](#)
[Health](#), Standard 21/09/2005