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[Equally good care of myocardial infarction in Sweden today. Geographic differences in mortality are without significance for the individual patient]

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Abstract: It is a known fact that the 1990s brought a decrease in mortality after myocardial infarction in Sweden but that differences in mortality rates following myocardial infarction still remain between the Swedish counties. Unresolved, however, are questions as to what these inter-county differences mean for the individual patient and what role hospital care plays in this context. We analysed all patients aged 64-85 years who were hospitalised following diagnosis of myocardial infarction in Sweden during the period 1993-1996. To gain an understanding of the relevance of geographical differences in mortality after myocardial infarction for the individual patient we applied multi-level regression analysis and calculated county and hospital median odds ratios (MORs) in relation to 28-day mortality. For hospitalised patients with myocardial infarction, being cared for in another hospital with higher mortality would increase the risk of dying by 9% (MOR = 1.09) in men and 12% in women. If these patients moved to another county with higher mortality the risk would increase by 7% and 3%, respectively. The small geographical differences in 28-day mortality after myocardial infarction found in Sweden suggest a high degree of equality across the country; however, further improvement could be achieved in hospital care, especially for women--an issue that deserves further analysis.

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[Poisson's regression better than χ^2 -test. Suicide frequency in Gotland as a basis for analysis of changes of rare events in a small group]

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