

Supplementary Table 1.

WHO International Classification of Diseases, 10th revision (ICD-10) codes for acute and subsequent myocardial infarction (MI) and study classification of MI type.

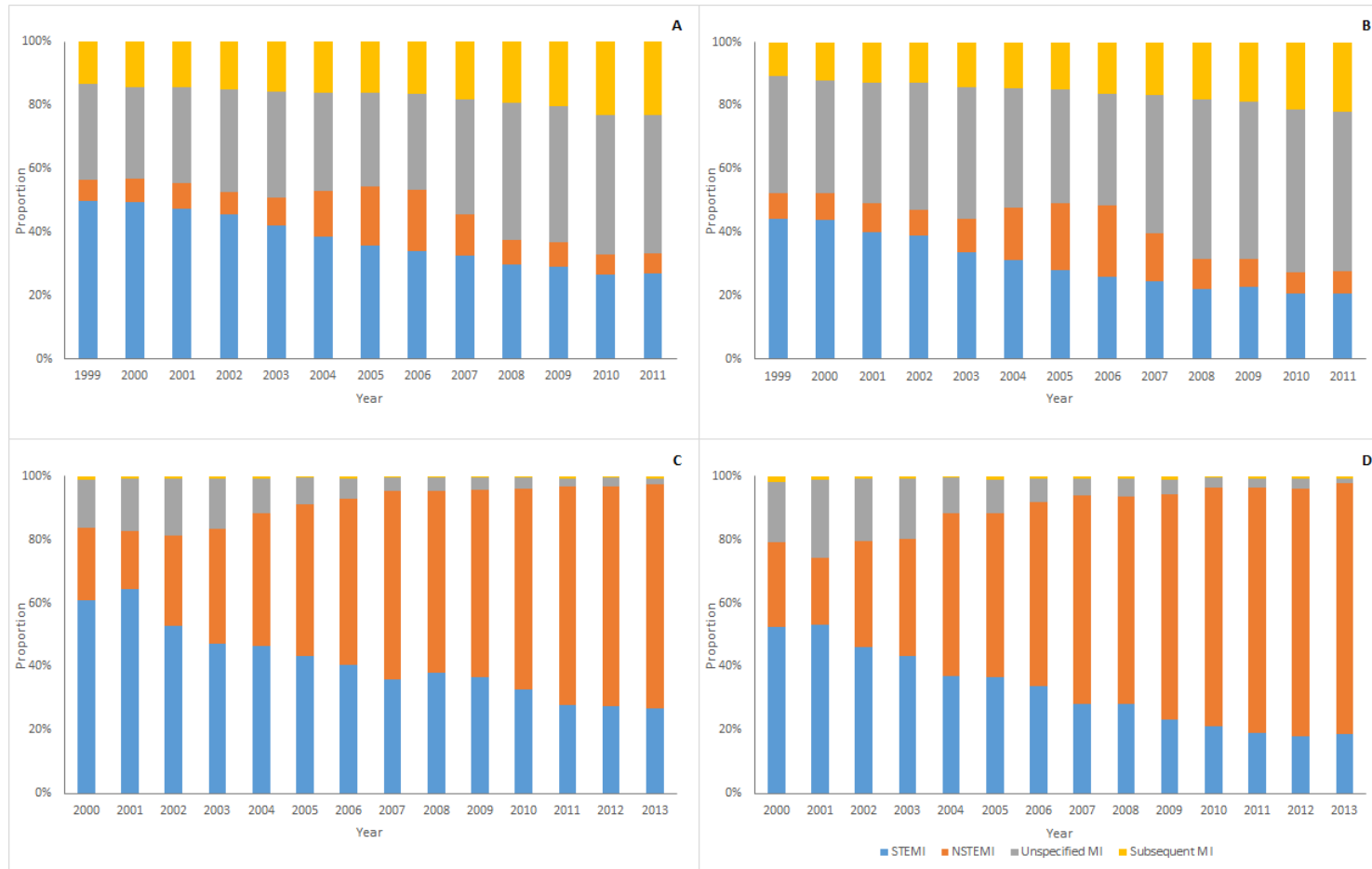
ICD-10 code	Description	Study classification
I21	Acute transmural MI of:	
I21.0	anterior wall	STEMI
I21.1	inferior wall,	
I21.2	other sites	
I21.3	unspecified site	
I21.4	acute subendocardial MI/ acute nontransmural MI	NSTEMI
I21.9	acute MI, unspecified	Unspecified MI
I22	Subsequent MI of:	Subsequent MI
I22.0	anterior wall	
I22.1	inferior wall	
I22.8	other sites	
I22.9	unspecified site	

Supplementary Methods:

Standards for the coding of myocardial infarction in England and Australia

Prior to 2007, medical record coders in England were directed to assign the 4th-digit code for I21 based on the extent of damage to the myocardial wall (transmural or subendocardial). Updated directives in 2007 noted continuation of these standards, with an additional statement that unspecified MI should be recorded if the extent of myocardial damage was not stated, even where STEMI or NSTEMI were mentioned in the patient record.¹¹ These standards remained in place through subsequent updates until 2014, when the National Clinical Coding Standards, 4th edition, introduced the first specific instructions to code STEMI (I21.0-I21.3) or NSTEMI (I21.4) irrespective of whether degree of myocardial damage is noted.

In Australia prior to 2004, there were no specific instructions for the coding of STEMI or NSTEMI, rather coding was based on the use of the codes for transmural or subendocardial infarction. Following the introduction of STEMI and NSTEMI into ICD-10-AM in 2004, coders have been instructed that I21.0-I21.3 (depending on infarct location) should be coded if STEMI is recorded as the discharge diagnosis, and I21.4 if NSTEMI is recorded.¹⁰ These standards have remained in place in subsequent editions of ICD-10-AM.



Supplementary Figure 1. Proportion of each myocardial infarction type as a proportion of all myocardial infarction admissions stratified by sex, from linked English hospitalisation data for (A) men and (B) women, and linked Western Australian hospitalisation data for (C) men and (D) women.