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## **Appendix**

**This appendix was part of the submitted manuscript and has been peer reviewed.  
It is posted as supplied by the authors.**

Appendix to: Juergens CP, Dabin B, French JK, et al. English as a second language and outcomes of patients presenting with acute coronary syndromes: results from the CONCORDANCE registry. *Med J Aust* 2016; 204: 239. doi: 10.5694/mja15.00812.

## Definitions of clinical events

- *Heart failure* was defined as symptoms of heart failure requiring diuretics and objective evidence or clinical evidence of heart failure.
- *Acute renal failure* was defined as oliguria and an elevation of creatinine > 2.0mg/dL or 177µmol/L.
- *Recurrent ischaemia* was defined as any documented episodes of angina with or without ischaemic ECG changes.
- *Acute myocardial infarction (MI)* was defined in accordance with the 2007 European Society of Cardiology/American College of Cardiology/ American Heart Association/ World Heart Federation task force for the redefinition of myocardial infarction (Thygesen K, Alpert JS, White HD; Joint ESC/ACCF/AHA/WHF Task force for the redefinition of myocardial infarction. Universal definition of myocardial infarction. *Circulation* 2007; 116: 2634-2653).
- *Cardiac arrest* was defined as ventricular fibrillation, rapid ventricular tachycardia with haemodynamic instability, asystole or EMD (electro-mechanical dissociation) requiring cardiopulmonary resuscitation (CPR).
- *Stroke* was defined as signs or symptoms concordant with stroke and the diagnosis verified by appropriate imaging.
- *Major bleeding* was defined as intracranial bleeding, bleeding requiring intervention, bleeding leading to haemodynamic compromise, a decrease in haemoglobin (Hb) > 2g/L in the presence of a bleeding source, a decrease in Hb > 3g/L in the absence of a bleeding source and any transfusion.