Background: Progressing ageing of the society results in the increased number of acute myocardial infarctions (MI) in the elderly. In the presence of a huge progress in MI treatment, it seems to be reasonable to analyze clinical course and prognosis in the elderly with MI. Aim: To assess differences in clinical characteristics and treatment of MI between patients younger than 65 and the elderly. Methods: A total of 491 patients over 65 and 398 patients younger than 65 with acute MI between June 2005 and February 2006 were retrospectively analyzed. Results: In patients over 65 there was significantly higher prevalence of arterial hypertension and diabetes, as well as low left ventricular ejection fraction and advanced heart failure. The time from onset of symptoms to admission was longer on the older group. The rate of reperfusion therapy in the elderly was significantly lower, and the results of invasive treatment were poor. Antiplatelet treatment was less aggressive in this group. In-hospital and long-term mortality were significantly higher in patients over 65, however the lowest in subjects undergoing invasive strategy. Conclusions: Risk factors in baseline characteristics and lower rate of invasive therapeutic strategy result in worse prognosis in patients over 65 with acute MI. Significant reduction in mortality due to invasive approach should encourage to wide implementation of this approach in the elderly.