
Differences in Treatment for Men and Women Post-MI



According to an analysis of the SWEDEHEART region reported in the European Journal of Preventive Cardiology, there is a significant difference in how women and men are treated following a heart attack. The differences are reflected in the rate of risk factor control, which was lower in women, and in the rate of hospital readmission for a further heart attack, which was higher in women than in men.

The Swedish registry is one of the world's biggest ongoing statistical records in cardiac treatments. The present study examined 51,620 patients and approximately half of these patients up to 75 years of age had survived an AMI between 2005 and 2014 and were eligible for secondary prevention treatment. They were examined up to 12 months post-AMI.

The findings show that there is a substantial potential in the secondary prevention of heart attack and control of risk factors in women, particularly in lipid and blood pressure control. Lipid control was achieved by 67.0% of men but only 63.3% of women, while target blood pressure was reached by 66.4% of men and 61.9% of women. Both these differences were statistically significant.

No significant gender differences were found in the rates of smoking (56.1% women and 55.4% men) but there was a difference in the rate of cardiac readmission - with 15.5% of men and 18.2% of women requiring further hospital treatment. Non-cardiac readmissions were more common in women (20%) than in men (14.8%).

According to the investigators, there could be two possible explanations for the gender differences. The first could be that physicians or the women themselves fail to recognise the importance of risk factor control. Second, women experienced greater side effects from the drugs that were used.

According to first investigator Dr Kristina Hambraeus from the Falun Hospital in Sweden said: "We have learnt a great deal about acute cardiac care from this registry, especially that secondary prevention is in many ways more difficult to achieve - both for healthcare providers and patient - because the patient is often doing fine and experiencing no symptoms. The high one-year readmission rate in our study, particularly in women, emphasises how important risk factor control is after a cardiac event. However, even for the best controlled risk factor, blood pressure, we still found more than 11,000 patients were insufficiently treated one year post-AMI."

Despite the fact that current practice guidelines are gender neutral, the findings of this study make it evident that gender differences in risk factor control exist. Dr. Hambraeus explains that for cardiologists, women still constitute a minority of their acute patients. He highlights the need to keep risk factor control in focus especially because factors such as diabetes, hypertension and smoking can be serious for women. He adds that as short-term mortality rates decrease, more patients survive their first AMI and thus the need for secondary prevention strategies becomes even more important.

Previous studies have also shown a shortfall between the recommendations of guidelines in secondary prevention and real life trends. However, since real-world data on cardiac readmissions after AMI are scarce, that is why it is important to further investigate the association between low risk factor control and high rate of readmissions in women.

Source: European Society of Cardiology

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