

The drug treatment of heart failure is influenced by the gender of the patient and of the physician

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While the treatment of heart failure has improved over the past two decades, a new study reported in the *European Journal of Heart Failure* finds that "the use of evidence-based treatments appears to be imbalanced according to the gender of the patient".

In particular, the study found

- that female patients were less frequently treated with guideline-recommended medications (such as angiotensin-converting enzyme (ACE) inhibitors, angiotensin receptor blockers ARBs) or beta-blockers)
- and that doses were lower in female than in male patients.

However, the patient's gender was not the only influence on treatment; so was the gender of the physician. For example, the study demonstrated for the first time that drug treatment is more complete when female physicians are taking care of the patient. Thus, the use of ACE inhibitors or ARBs was significantly lower in female patients treated by a male physician than in male patients treated by either a female or male physician.

Similarly, the dose of ACE inhibitors and ARBs was highest in male patients treated by female physicians and was significantly different from the reverse combination (female patient, male physician). Dosage of beta-blockers was comparable in male patients irrespective of the

physician's gender, whereas female patients treated by a male physician received the lowest doses.

The investigators thus concluded that "male patients with chronic heart failure are more likely to receive evidence-based drug treatment than female", particular so for the prescription of ACE inhibitors and dosage of beta-blockers.

The study was an evaluation of 1857 consecutive patients treated at the centres in Germany; treatment records involving 829 physicians (65 per cent general practitioners, 27 per cent internists, and 7 per cent cardiologists) were analysed with regard to evidence-based drug treatments to improve survival. Assessment of dosages was calculated as a percentage of averages documented in treatment guidelines for heart failure.

Commenting on the results, the study's first author Dr Magnus Baumhake from the University Hospital of the Saarland, Homburg, Germany, said: "The use of evidence-based treatments as described in the latest guidelines has undoubtedly improved the treatment of chronic heart failure. But there is still evidence of a gender imbalance in both patients and physicians. From our results it seems fair to say that the gender of the physician plays an important role in adherence to drug treatment recommendations in chronic heart failure."

This is one of several recent studies to find gender differences in medical care (and survival) in cardiovascular disease. Many have found that women are treated less intensively than men, especially in the acute phase of the disease.

Source: European Society of Cardiology

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