

Study finds gender gap persists in cardiac care

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Gender differences persist in the quality of cardiac care across Ontario, according to a health study by researchers at St. Michael's Hospital and the Institute for Clinical Evaluative Sciences (ICES). Ontario women who had heart attacks were less likely to receive care from a cardiologist, be referred for angiography, or be prescribed statins, cholesterol-lowering drugs.

Readmission to hospital after having a [heart attack](#) was also studied over a 30-day and one-year timeframe, and over both periods women who had a heart attack were more likely to be readmitted to the hospital than men.

However, the study also found women and men who had heart attacks had similar rates of use of other important medicines recommended after a heart attack, excluding statins, and experienced the same wait time for procedures like angiographies.

"The good news is the [gender gap](#) has narrowed over the past decade and we identified a number of areas where care received by women and men is comparable," says Dr. Arlene Bierman, a physician at St. Michael's Hospital and principal investigator of the study, entitled Project for an Ontario Women's [Health](#) Evidence-Based Report (POWER). "Now we need to eliminate the gender disparities that remain to improve health outcomes and provide a better quality of life for women with heart disease."

Key findings of the POWER Study Cardiovascular chapter released today include:

- Women who reported they had heart disease or a stroke consistently reported worse functional status and higher rates of disability than men.
- Adults with low income and less education with cardiovascular disease were more likely to report fair or poor health, declining health or limited activities.
- Women were less likely to undergo an [angiography](#) after a heart attack, a technique used to examine the blood vessels of the heart for disease or narrowing. Only 44 per cent of women who had a heart attack, compared to 61 per cent of men, had the test. After adjusting for age, this difference narrowed but persisted.
- Heart attack patients living in lower-income neighbourhoods also had lower rates of angiographies than those living in higher income areas.
- Medication management varied when it came to the use of statins, drugs that help lower cholesterol and reduce the risk of another heart attack or death. Women were less likely than men to be using statins within 90 days of discharge and at one year post-discharge.
- Nearly 40 per cent of heart attack patients were readmitted to hospital for any reason within one year of their incident. However, women were more likely to be re-admitted to hospital than men.

- There were large differences in the types of physician providing care for AMI across the province. For example, women in the Northern West Local Health Integration Network (LHIN) were much more likely to only have a general practitioner or family practitioner as their sole physician, when compared to patients in Central Toronto LHIN. Women and men from low income neighbourhoods were also more likely to be under the sole care of a family practitioner.

"The findings clearly support the need to improve cardiovascular care for women," says Pat Campbell, CEO, Echo: Improving Women's Health in Ontario. "Significant variations in [cardiac care](#) across the province are also of great concern and must be addressed to ensure equitable and quality cardiovascular care for all. The POWER study is helping to identify key areas for healthcare reform and for the first time provides a starting point to measure improvements."

"Many of these results are of concern, yet were foreshadowed in the Heart and Stroke Foundation's 2007 Report on the Health of Canadians' "Time to Bridge the Gender Gap", says Dr. Marco Di Buono, Director of Research, Heart & Stroke Foundation of Ontario. "If we do not address disparities in women's heart health, we will see mortality rates from this disease increase in Canadian women sooner than we expect."

The joint study from St. Michael's Hospital and the Institute for Clinical Evaluative Sciences (ICES) is the first in Ontario to provide a comprehensive overview of women's health in relation to gender, income, education, ethnicity and geography. The Cardiovascular Disease report released today also examines care for heart failure and stroke, and the health and functional status among women and men with cardiovascular disease. POWER reports on indicators of population health and of how well the health system is performing. Policymakers and health-care providers may use these research findings to improve

access, quality and outcomes of care for Ontario [women](#). The POWER Study was funded by Echo: Improving Women's Health in Ontario, an agency of the Ontario Ministry of Health and Long-Term Care.

Source: St. Michael's Hospital

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