

Younger men receive faster care for heart attacks, angina compared with women of same age

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A new study indicates that in younger adults experiencing heart attacks and angina, men are more likely to receive faster care compared with women. The study, published in *CMAJ* (*Canadian Medical Association Journal*) also found that gender-related factors affected access to care for both men and women.

To understand why sex differences in mortality exist in younger men and women with acute coronary syndrome, researchers included 1123 patients aged 18 to 55 years recruited from 24 centres across Canada, 1 in the United States and 1 in Switzerland. Of the participants, 362 (32%) were women and 761 (68%) were men. The median age for women was 50 and for men 49 years.

Within 24 hours after admission to hospital, patients completed a survey that asked about gender-related issues such as "traditional" masculine and feminine traits of personality, responsibility for housework, education level and health status before the event.

Women came from lower income brackets, were more likely to have diabetes, high blood pressure and a family history of heart disease, and had substantially higher levels of anxiety and depression than men.

Men received faster access to electrocardiograms (ECGs) and fibrinolysis than women, with door-to-ECG and door-to-needle times of



15 and 21 minutes and 28 and 36 minutes, respectively.

"Anxiety was associated with failure to meet the 10-minute benchmark for ECG in women but not in men," writes Dr. Louise Pilote, clinician-researcher, Division of Clinical Epidemiology at the Research Institute of McGill University Health Centre (RI-MUHC), Montréal, and professor of medicine at McGill University with coauthors. "Patients with anxiety who present to the emergency department with noncardiac chest pain tend to be women, and the prevalence of acute coronary syndrome is lower among young women than among young men. These findings suggest that triage personnel might initially dismiss a cardiac event among young women with anxiety, which would result in a longer door-to-ECG interval."

Patients visiting the emergency department with atypical symptoms or multiple risk factors also had longer treatment delays.

The researchers found, interestingly, that both men and women with feminine character traits were less likely to receive timely care than patients with masculine traits.

"A novel finding of our study was the identification of gender-related determinants of access to care," write the authors. "Men and women who reported higher levels of feminine personality traits, as well as those who reported being the person at home mainly responsible for housework, were ... less likely to undergo invasive procedures."

The authors conclude that more specific management may be required for patients presenting to the emergency department with no chest pain, several risk factors or a feminine gender identity and role.

More information: www.cmaj.ca/lookup/doi/10.1503/cmaj.131450



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