

# Treatment plans, outcomes better for women with ACS and low-risk HEART score

January 13 2021

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(HealthDay)—Women with suspected acute coronary syndrome who

have low-risk History, Electrocardiogram, Age, Risk factors, and Troponin (HEART) scores have more appropriate testing and better outcomes than men, according to a study published online Dec. 23 in the *Annals of Emergency Medicine*.

Salena M. Preciado, from Kaiser Permanente Southern California in Pasadena, and colleagues analyzed 34,715 adult emergency department encounters evaluated for suspected [acute coronary syndrome](#) with a documented HEART score (56 percent women).

The researchers found that more women were classified as low risk (60.5 versus 52.4 percent; odds ratio [OR], 1.39; 95 percent confidence interval [CI], 1.33 to 1.45). Compared with men, women were hospitalized or received stress testing less often for low HEART scores (18.8 versus 22.8 percent; OR, 0.79; 95 percent CI, 0.73 to 0.84) and intermediate HEART scores (46.7 versus 49.7 percent; OR, 0.88; 95 percent CI, 0.83 to 0.95), but these percentages were similar for women and men with high HEART scores (74.1 versus 74.4 percent; OR, 0.99; 95 percent CI, 0.77 to 1.28). Even after adjustment for HEART score and comorbidities, women had lower odds of hospitalization or noninvasive cardiac testing (OR, 0.82; 95 percent CI, 0.78 to 0.86). For all HEART score categories, men had a higher risk for major adverse cardiac events than women, with a significantly higher risk for low-risk HEART scores (0.4 versus 0.1 percent).

"We found after implementation of the HEART score that [women](#) received more appropriate care than men with physicians less likely to recommend low-value cardiac testing for lower and intermediate risk levels, and comparable care for those at high risk," a coauthor said in a statement.

**More information:** [Abstract/Full Text \(subscription or payment may be required\)](#)

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Citation: Treatment plans, outcomes better for women with ACS and low-risk HEART score (2021, January 13) retrieved 6 May 2024 from <https://medicalxpress.com/news/2021-01-treatment-outcomes-women-acs-low-risk.html>

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