

Women with heart problems are treated differently than men

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Credit: Pin Adventure Map/Unsplash

Women with some cardiac conditions receive less evidence-based treatment than their male counterparts, research published today by the *Medical Journal of Australia* has confirmed.

Researchers from the University of Sydney, Westmead Hospital and Concord Repatriation General Hospital, assessed differences in the evidence-based treatment received by men and women with non-ST-elevation [acute coronary syndromes](#) (NSTEMI) and in their outcomes, both in-hospital and at 6-month follow-up. They also separately assessed these differences in patients with documented coronary artery disease (CAD).

"The proportion of women who underwent cardiac catheterisation was smaller (1710, 71 percent v 4134, 77 percent), and the median time to catheterisation was longer (53 h; IQR, 28–91 h v 47 h; IQR, 25–77 h) than for men; non-obstructive [coronary artery disease](#) (NOCAD) was detected in a larger proportion of women than men during catheterisation (602, 35 percent v 566, 14 percent)," they authors, led by Professor David Brieger, Professor of Cardiology at the University of Sydney.

"At discharge, fewer women were prescribed aspirin (85 percent v 91 percent), a second antiplatelet medication (59 percent v 68 percent), beta-blockers (71 percent v 75 percent), or statins (86 percent v 92 percent), or referred to cardiac rehabilitation (54 percent v 63 percent).

"A total of 4676 patients had documented CAD, including 1108 women (24 percent). Smaller proportions of women with CAD than of men underwent [coronary artery bypass](#) grafting (110, 10 percent v 563, 16 percent) or were prescribed statins at discharge (94 percent v 96 percent).

"Fewer women than men were referred to cardiac rehabilitation (750, 69 percent v 2652, 75 percent), including of those who had been revascularised (CABG: 97, 77 percent v 509, 83 percent; PCI: 480, 76 percent v 1623, 81 percent)," Brieger and colleagues reported.

"The larger proportion of women with NOCAD may partly explain the difference. However, NOCAD is not a benign condition, and patients can benefit from secondary prevention therapies," they wrote.

"In Australia, adherence to guideline-based therapy for people with NSTEMI could be improved, especially for [women](#) in hospital and for both sexes at discharge."

More information: Bianca C Bachelet et al, Sex differences in the management and outcomes of non-ST-elevation acute coronary syndromes, *Medical Journal of Australia* (2021). [DOI: 10.5694/mja2.51220](#)

Provided by University of Sydney

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