

Gender influences ischemic time, outcomes after STEMI

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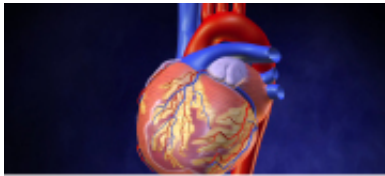


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After ST-segment elevation myocardial infarction and primary percutaneous coronary intervention, women have longer ischemic times and are at a higher risk than men of early all-cause and cardiac mortality, according to research published in the Feb. 1 issue of *The American Journal of Cardiology*.

(HealthDay)—After ST-segment elevation myocardial infarction (STEMI) and primary percutaneous coronary intervention (PCI), women have longer ischemic times and are at a higher risk than men of early all-cause and cardiac mortality, according to research published in the Feb. 1 issue of *The American Journal of Cardiology*.

In an effort to examine the influence of gender on ischemic times and outcomes, Matthijs A. Velders, M.D., of the Leiden University Medical Center in the Netherlands, and colleagues used multicenter registry data for 3,483 patients (25 percent women) with STEMI treated with primary PCI at three hospitals.

The researchers found that ischemic times were significantly longer for women than men (192 versus 175 minutes), but this was due to age and comorbidity. At seven days and at one year, all-cause mortality was significantly higher for women than for men (6 versus 3 percent at seven days; 9.9 versus 6.6 percent at one year). After adjustment, female gender predicted all-cause and [cardiac mortality](#) at seven days (hazard ratio, 1.61 and 1.58, respectively), but not at one year. For cardiogenic shock, gender was an independent

effect modifier leading to considerably worse outcomes for women.

"In conclusion, ischemic times remain longer in women because of age and comorbidity. Female gender independently predicted early all-cause and cardiac mortality after primary [percutaneous coronary intervention](#), and a strong interaction between gender and cardiogenic shock was observed," the authors write.

More information: [Abstract](#)
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