

Male general practitioners more likely to consider heart disease a 'man's issue'

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Male general practitioners (GPs) are more likely to consider heart disease a "man's issue" and neglect to assess cardiovascular risk in female patients, reports a study of 52 GPs and more than 2200 patients published today in the *European Journal of Preventive Cardiology*.

"Death from [cardiovascular disease](#) (CVD) has been decreasing in developed countries since the 1980s and around 50% of that is due to improved prevention," said lead author Dr Raphaëlle Delpech, a general practitioner at Paris XI University and INSERM U1018 in Paris, France.

She continued: "CVD mortality has fallen more in men than in women. We know that men receive better cardiovascular care and secondary prevention after a first event. We hypothesised that primary prevention might also be better in men."

Assessment of a patient's [risk factors](#) is the first step in the primary prevention of CVD. This study examined the influence of GP and patient gender on cardiovascular risk assessment.

The study included 52 GPs and 2262 [patients](#) who completed a questionnaire about their personal characteristics. For GPs this included age, gender, and office hours, while for patients there were questions about educational level and medical insurance. Medical files were used to obtain data on patients' gender, age, history of diabetes, and standard cardiovascular risk factors (personal and family history of CVD, smoking status, blood pressure, fasting blood glucose, and cholesterol).

Cardiovascular risk is assessed by inserting information on a patient's risk factors into a validated scale. The researchers looked at whether there was sufficient information in a patient's medical files to assess their risk using the French scale or the SCORE scale. The French scale estimates cardiovascular risk as low, moderate or high depending on the number of risk factors

present. The SCORE scale predicts the probability of a cardiovascular event in the next ten years based on the patient's cardiovascular risk factors.

The investigators found that information on smoking, blood glucose and cholesterol were reported less often in the files of [female patients](#). Because of insufficient information in the medical files, both cardiovascular risk scales could be assessed less frequently in female than in male patients (36% less often for the French scale and 37% less often for the SCORE scale).

Dr Delpech said: "GPs were less likely to collect information on smoking, blood glucose and cholesterol in female patients, making it impossible to assess their cardiovascular risk."

She continued: "Guidelines recommend screening for cardiovascular risk factors in men and women but it appears that GPs are more attentive to these factors in their male patients. This could be because CVD is more frequent among men, who have historically been more likely to adopt risky habits like smoking."

The gender differences in risk assessment were less substantial when patients were seen by a female GP than a male GP. Information on risk factors was less available in the medical files of women patients of male GPs. Cardiovascular risk assessment using both scales could be performed significantly less often for women seeing male GPs. For example, female patients could have their CVD risk assessed using the SCORE scale 28% less often when their GP was a woman, and 44% less often when their GP was a [man](#).

"The patients who were least well assessed for cardiovascular risk were women seen by male GPs," said Dr Delpech. "We think that female GPs follow guidelines more routinely and are less likely to vary their practice, especially according to their patients' gender."

She added: "I think most GPs will be surprised by our findings, and I hope this will help them ensure they assess cardiovascular risk equally in their male and female patients. A government media campaign aimed at physicians could help raise awareness and stimulate change. Another possibility would be introducing performance-related pay for GPs based on their assessment of patients' cardiovascular risk."

Dr Delpech concluded: "Assessment of [cardiovascular risk](#) in all patients regardless of their gender is another step towards reducing mortality from this disease in both men and women."

More information: Delpech R, Ringa V, Falcoff H, Rigal L. Primary prevention of cardiovascular disease: More patient gender-based differences in risk evaluation among male general practitioners. *European Journal of Preventive Cardiology*. DOI: [10.1177/2047487316648476](https://doi.org/10.1177/2047487316648476)

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