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MEDIA RELEASE

GENDER GAP IN HEART ATTACK TREATMENT “PERPLEXING”

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WOMEN who suffer a serious heart attack called an ST-elevated myocardial infarction (STEMI) are less likely to receive life-saving invasive management, revascularisation, or preventive medication at discharge than men, according to research published online today by the *Medical Journal of Australia*.

In an analysis of data from 41 Australian hospitals collected by the Cooperative National Registry of Acute Coronary care, Guideline Adherence and Clinical Events (CONCORDANCE) registry between February 2009 and May 2016, researchers led by Dr Ehsan Khan from Flinders Medical Centre in Adelaide, found that there were significant differences in the way women were treated than men, even after adjustment.

“Despite broader awareness of STEMI protocols, revascularisation rates for women with STEMI are lower than for men,” Khan and colleagues wrote.

“In hospital, rates of major adverse cardiovascular events and mortality were similar, but at 6 months [after discharge they were] significantly higher for women. Women were less frequently referred for cardiac rehabilitation or prescribed preventive medications on discharge.”

The reasons for the persisting differences in the investigation and management of men and women with STEMI in Australian hospitals was “perplexing”, the authors wrote.

“We found that women with STEMI ... received less comprehensive assessment and treatment,” they wrote.

“Current guidelines support invasive management of patients at high risk, while acknowledging that this increases the risk of complications. Undertreatment of patients with a high-risk score has been a consistent feature of acute coronary syndrome (ACS) management in several studies.

“Undertreatment in the population we examined might be caused by poor awareness that women with STEMI are generally at higher risk, or by a preference for subjectively determining risk rather than applying more reliable, objective risk prediction tools.

“Treatment protocols for patients with STEMI have improved in Australia, and we found that overall rates of total revascularisation have increased since 2010.

“Nevertheless, sex differences persist. More detailed qualitative evaluation of the reasons for these differences is needed to understand whether variances in management are justified, or whether strategies are needed to redress the imbalances.

“These differences do not seem medically justified. Future research should identify why they persist, which influences on decision making by health providers and health services cause these differences, and identify strategies for redressing the disparities in treatment,” Khan and colleagues concluded.

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