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### Abstract Information

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Abstract Submitter: Professor Danchin Nicolas - [nicolasdanchin@yahoo.fr](mailto:nicolasdanchin@yahoo.fr)

Event: ESC Congress 2007

Title: Persistent gender bias in the use of reperfusion therapy for STEMI from 1995 to 2005: results from the French USIK, USIC 2000 and FAST-MI registries

Evaluation Topic: 06.13 - Influence of gender

Acronym Abbreviation:

Acronym:

On Behalf of: on behalf of the USIC and FAST-MI investigators

Category: Bedside

Options: None

### Abstract Authors

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### Abstract Content

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Background: Reperfusion therapy is an essential step in the management of patients with STEMI. Previous reports have noted evidence of gender bias in the use of reperfusion in this setting.

Aim: to assess whether reperfusion therapy has been used differently in men and women with STEMI and if changes have been observed in this regard over the last 10 years.

Methods: USIK 1995, USIC 2000 and FAST-MI are 3 nationwide French registries conducted 5 years apart, using a similar methodology in patients admitted to CCU over a one-month period. For the present analysis, all 3812 STEMI patients admitted  $\leq$  12 hrs of symptom onset were included.

Results: 1191 patients were included in 1995, 1286 in 2000 and 1335 in 2005. Women represented 26%, 26% and 27% of the populations, respectively in the 3 periods. Overall, women were 11 years older than men (no difference between the 3 periods); reperfusion therapy was used in 53% of women and 70% of men ( $p < 0.001$ ). Use of reperfusion therapy increased from 1995 to 2005, but the difference between men and women persisted (1995: 42% v. 65%; 2000: 55% v. 72%; 2005: 61% v. 75%). In the whole population, female gender was an independent predictor of a lower use of reperfusion therapy (OR: 0.73; 95% CI: 0.61-0.87,  $p < 0.001$ ), together with older age, history of stroke or peripheral arterial disease, and longer time from onset of symptoms to admission (logistic regression analysis). In each of the 3 periods, female gender remained associated with lower use of reperfusion, with odds ratios of similar magnitude (1995: OR: 0.70, 95% CI: 0.51-0.97; 2000: OR 0.72, 95% CI: 0.53-0.98; 2005: OR: 0.75, 95% CI: 0.56-1.02). A striking decrease in 30-day mortality was observed in women (1995: 23%, 2000: 12%, 2005: 10%). This decrease in 30-day mortality, however, was found predominantly in women with reperfusion therapy (16%, 12% and 4%, respectively, -75% 2005 vs 1995), compared with women without reperfusion (28%, 12%, 19%, respectively, -32% 2005 vs 1995).

Conclusion: Despite an overall higher use of reperfusion therapy over the past 10 years, a definite gender bias persists regarding its use in women. This finding is all the more preoccupying as a most of the reduction in early mortality was observed in women with reperfusion therapy over this period of time.

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