

No gender differences in the presentation, management and outcome of unstable angina

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Background: Female management of acute myocardial infarction may be biased. Such aspects in management of women with unstable angina (UA) were not fully elucidated.

Objective: To investigate gender differences in the clinical presentation, treatment and prognosis of UA.

Methods: 226 consecutive patients (men=146, women=80) admitted during 2-3/2000 with UA. Data was collected prospectively. In hospital management and two-year follow-up were monitored.

Results: Women were older (71 ± 12.2 vs. 66 ± 12.3 , $p=0.006$), more diabetic (41.3% vs. 34.5% NS), hypertensive (76.35 vs. 64.6, $p=0.07$) and presented with atypical chest pain, (18.8% vs. 7.5%, $p=0.03$). More beta-blockers were administered to women (88.5% vs. 75.7%, $p=0.02$) and more statins to men (48.1% vs. 35.4%, $p=0.07$). Angiography rates were similar (17.7% vs. 19.6%). Similar management was documented during two years follow up. Rehospitalization rates (53.3% of women and 63.7% of men, NS) were similar. Men had a tendency to suffer more acute MI (9.6% vs. 2.66%, $p=0.06$), PVD (3.7% vs. 0%, $p=0.09$), and CABG (6.66% vs. 1.33%, $p=0.08$). No gender difference was found in angiography (14.7% of women vs. 16.3% of men), PCI (13% vs. 16.7%) and mortality (13.3% of women vs. 16.3% of men, NS). Kaplan-Meier for event free survival after 2 years showed no gender difference in survival. Multi regression analysis showed that Gender was not a prognostic factor in survival.

Conclusions: Women presenting with UA are older than men. We found no major gender difference in the management of UA. Men showed tendency to suffer more major cardiac events, however, prognosis was the same.