

Gender differences in delay time for acute myocardial infarction in a Hispanic population

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Conflictos de interés: Los autores declaran no tener conflictos de interés alguno.

Editorial

Introduction: There are limited published data on minority populations, especially Hispanics, describing the onset of acute myocardial infarction (AMI) symptoms and time to treatment. The aim of this study is to determine if a difference exists between gender and delay time in Puerto Rican patients hospitalized with an initial acute myocardial infarction. **Methods:** We conducted a secondary analysis of data collected in the Puerto Rico Heart Attack Study (PRHAS), which has a non-concurrent prospective design, for years 2007, 2009, and 2011. Delay time (interval between onset of signs/symptoms to hospital admission) between men and women hospitalized for an AMI were compared. A categorical division of <4 hours and ≥4 hours was chosen based on accepted clinical delay times for effective percutaneous coronary intervention procedures for AMI. A descriptive analysis was conducted, followed by a bivariate and a multivariate analysis using logistic regression to obtain odds ratios, and to control for potential confounders. **Results:** The average age of 2,110 patients hospitalized with a primary AMI was 67 years and 44% were women. After adjustment of data, no significant association existed between gender and delay time (OR=0.94; 95% CI= 0.78, 1.14; P=0.53). Approximately 47% of the patients had a delay time >4 hours (n=993). Older patients (≥85 years) are three times more likely than younger patients (<55 years) to have a delay time of >4 hours (OR=2.91, 95% CI= 2.06, 4.13; P<.001). **Conclusion:** These findings suggest no significant association between gender and delay time in the Puerto Rican population. However, with almost half of the patients having delay times >4 hours, there is a need to raise awareness in both genders, and especially among older individuals to promptly seek medical attention

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