

Gender Differences in Acute Cardiac Care: Where It's Not.

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Heart Help For Women

Gender Differences in Acute Cardiac Care: Where It's Not

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Bridging Gaps



LEHIGH VALLEY
HOSPITAL
AND HEALTH NETWORK



Gaps: What we already know

Awareness

NSTEMI project

Meds and Interventions

The Question:

Are there gender differences in the management of patients who present to our facility with Acute STEMI?

MI Alert QI Database

- STEMI from April 2000 – Aug 2006
- 1348 Patients in the Database
- Included Cedar Crest and Muhlenberg sites
- Exclusion and Inclusion Criteria followed MI alert guidelines

MI alert Inclusion Criteria

- ST Elevation ECG or LBBB with discomfort suggestive of cardiac condition
- Discomfort that had been less than 12 hours prior to arrival (most commonly chest pain)

MI Alert Exclusion Criteria

- Patient Refusal
- No femoral or line access for catheterization
- Cath Lab Veto
- Renal Failure
- ST Elevation only present on second or later ECG
- Advanced Directive that prevents Intervention

MI Alert Exclusion Criteria

- HIT or thrombocytopenia
- Coumadin therapy
- No consent
- ED physician is uncertain
- In-hospital infarcts
- Diffuse vascular disease

Markers for Therapy

- Time to EKG (regardless of whether pt was later excluded)
- Received Beta Blockers
- Time to Cath lab
- Time to balloon
- Analysis using t test for continuous and Fisher exact for categorical variables

Outcome Measures

- 1348 Charts analyzed
- 932 Male (68.3%), 427 Female (31.7%)
- Time to EKG 10.03 men, 12.99 women
($p \geq 0.151$)

Outcome Measures

- 610 (75.8%) males and 276 (75%) females received beta blockers ($p \geq 0.77$)
- 957 Patients went to cath lab, 668 males and 289 females

Outcome Measures

- Mean time to cath 61 minutes for men and 64 minutes for women ($p \geq .139$)
- Time to balloon was 91 minutes for men and 93 for women ($p \geq 0.709$)

Conclusion

- No significant gender differences are apparent in the STEMI patients analyzed

Ultimate Goal



*Women's Heart
To Improve Outcomes*