Background: Women with cardiac diseases generally have higher mortality compared to men. Suggested reasons have included delays in presentation, less aggressive management and higher cardiovascular risk profiles in women. Whether female sex independently contributes to mortality in patients hospitalized with dizziness is unknown. The objective of this study was to assess whether female sex is a factor independently related to in-hospital mortality in patient hospitalized with dizziness in a real world population.

Methods: We retrospectively reviewed a clinical database of 41,438 patients hospitalized with acute cardiac disease in Qatar from 1991 to end of 2010. Of these 1578 patients were hospitalized with dizziness; 404 women (25.7%) and 1173 men (74.3%). Each patient record consisted of 400 data elements. Multivariate logistic regression with enter methods was applied to see adjusted risk ratio for mortality.

Results: The in-hospital mortality for the entire dizziness patients was 3.8% (women 5.7% versus men 3.2%, P=0.02). After adjusting for all comorbidities including age, diabetes mellitus, and acute coronary syndromes, female gender remained an independent predictor of increased mortality (adjusted OR 2.2, 95% confidence interval 1.21-4, P= 0.01) [table].

Conclusions: In this 20-year data set from a middle-eastern country, female gender was an independent predictor of in-hospital mortality in patient hospitalized with dizziness, even after accounting for all comorbidities.