GENDER DISPARITIES WITH RESPECT TO CORRELATES FOR CLINICAL ADVERSE OUTCOMES AFTER CONTEMPORARY PCI IN PATIENTS WITH ACS

Poster Contributions
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Background: Women undergoing percutaneous coronary intervention (PCI) have higher adverse outcomes than men. The present study aimed to determine differences in correlates between genders for long-term outcomes in acute coronary syndrome (ACS).

Methods: The study included a cohort of 6929 consecutive patients who presented with ACS. Major adverse cardiovascular events (MACE), defined as all-cause mortality, myocardial infarction, and target lesion revascularization at 1-year follow-up. Independent correlates of adverse outcomes for each gender were identified using multivariable proportional hazard regression analysis.

Results: Compared to males, female patients were older (p <0.001), had a higher prevalence of diabetes mellitus (p <0.001), hypertension (p <0.001), chronic renal insufficiency (p=0.02), peripheral arterial disease (p <0.001), congestive heart failure (p <0.001, and higher body mass index (p <0.001). ACS presentation in Women tends to be unstable angina while men have more acute MI. At 1 year, the rates of all-cause mortality (11% vs. 7.5%, p <0.001) and MACE (16% vs. 13%, p <0.001) were higher in Women. There is a stark gender disparity for the independent correlates of mortality and MACE at 1 year (Fig). Moreover, the traditional correlates do not have the same impact in women as they do in men.

Conclusions: There are different correlates for adverse PCI outcomes across genders. These correlates should be taken into account when subjecting women to contemporary PCI.