DO DIFFERENCES PERSIST IN THE PROCESS OF CARE AND OUTCOMES BETWEEN WOMEN AND MEN WITH ST ELEVATION MYOCARDIAL INFARCTION PRESENTING FOR PRIMARY PERCUTANEOUS CORONARY INTERVENTION?

Poster Contributions
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Background: We hypothesized sex differences persist for patients with ST elevation myocardial infarction (STEMI). We assessed differences in the process of care and outcomes for men and women with STEMI presenting for primary PCI at our rural academic medical center.

Methods: From a prospective registry we identified 732 STEMI patients who presented for primary PCI between January 2006 and January 2014, including patients diagnosed in our emergency room (ER), by EMS in the field, or at nearby hospitals’ ER who met criteria for primary PCI and were transferred. We analyzed continuous variables with two sample t-test and categorical variables with Pearson χ² test.

Results: There were 211 (28.8%) women and 521 (71.2%) men. Women were older (mean age 69.9 vs 61.8, p<0.0001) and sicker (25.64% had Killip class II-IV vs 14.95%, p=0.005). There were no significant differences between mean times (in minutes) from symptom onset to presentation (416.8±981.8 vs 319.3±721.6, p=0.168) and from door to first device (122.7±102.2 vs 129.5±136.6, p=0.53). The proportion of patients for whom door to first device time was achieved ≤ 120 minutes was not significantly different between women and men when analyzed by year and the overall study period (63% vs 61%, p=0.58). In hospital mortality was similar for women and men (7.6% vs 6.0%, p=0.4) with no differences in 30 day (p=0.4) and 1 year mortality (p=0.1).

Conclusion: We observed no differences in the care or mortality outcomes between women and men with STEMI who present for primary PCI.