

 MYOCARDIAL ISCHEMIA AND INFARCTION

GENDER DIFFERENCES IN PATIENTS WITH STABLE ANGINA: 5-YEAR FOLLOW UP. RESULTS OF THE STAR REGISTRY

ACC Poster Contributions

Ernest N. Morial Convention Center, Hall F

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Session Title: Stable Ischemic Syndrome: Predictors and Models

Abstract Category: 5. Stable Ischemic Syndrome

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Background: Registry data of acute coronary syndromes including mid-term and long term follow-up have shown gender differences in mortality. However, little data exist on long term outcome in patients with stable angina and the impact of gender.

Methods: Between July 2001 and April 2003, 2002 patients with stable angina CCS I-III and first angiographic diagnosis of CAD were enrolled in the STAR registry (Stable Angina pectoris Registry) (53 centres with cath lab in Germany). Patient characteristics, medical treatment and hospital mortality were documented at admission, discharge, after 1-year and after 5-year follow up. We analysed gender differences in treatment, presentation and outcome at patients with stable angina after 5 years follow up.

Results:

Parameters	Female gender n = 600	Male gender n = 1402	p-value
Data at admission			.
Age [median]	70	65	< 0.001
Hypertension [%]	79.7	71.3	< 0.001
Hyperlipoproteinemia [%]	68.5	68	n.s.
Current smoking [%]	15.7	27.8	< 0.001
Diabetes [%]	31.7	24.2	< 0.001
Prior stroke [%]	4.5	4.7	n.s.
Renal failure [%]	0.7	1.0	n.s.
Interventional Treatment			
PCI (at enrolment) [%]	47.8	45.1	n.s.
PCI (1-5 years)	17.3	16.5	n.s.
CABG (within 5 years) [%]	24.8	30.6	< 0.01
5-year follow up			
ASA [%]	75.7	79.5	n.s.
Beta-blocker [%]	80.0	75.2	n.s.
ACE - Inhibitors [%]	48.9	52.0	n.s.
Statins [%]	67.2	66.8	n.s.
Death [%]	16.8	18.25	< 0.05

After correcting for differences in baseline characteristics and for interventional and long-term medical treatment using a stepwise logistic regression analysis, female gender was associated with a 34% decrease 5 year-mortality (OR 0.66; 95% CI 0.51-0.87)

Conclusion: Female gender presenting with stable angina were significant 5 years older and had lower long term mortality. Considers the differences in age female gender was associated with a more than one third decreased mortality after 5 years.