



 i2 SUMMIT

HIGHER MORTALITY RATES AFTER PERCUTANEOUS CORONARY INTERVENTION IN FEMALE PATIENTS ON HEMODIALYSIS

i2 Poster Contributions

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Background: Few studies have evaluated the impact of gender in hemodialysis (HD) patients undergoing percutaneous coronary intervention (PCI). We assessed the impact of gender on in-hospital outcomes in HD patients undergoing PCI.

Methods: Between 1/2004 and 12/2007, 474 HD patients underwent PCI at four New York State teaching hospitals. Clinical, angiographic and procedural characteristics, and in-hospital outcomes were prospectively collected as part of the New York State Percutaneous Coronary Interventions Reporting System (PCIRS). Patients were divided into 2 groups according to gender. Clinical and angiographic predictors of MACCE (death/MI/stroke) and in-hospital mortality were identified by univariate and multivariate analysis using logistic regression analysis.

Results: Female patients on HD had significantly lower rates of peripheral vascular disease (PVD), prior CABG and had better left ventricular function. Despiteless baseline risk, in-hospital mortality rates were significantly higher in female patients (Table). By multivariate analysis, female gender (OR=6.95, 95% CI 1.3-36.1, $p=0.021$) and acute myocardial infarction on presentation (OR=10.7, 95% CI 2.4-47.2, $p=0.002$) were the only independent predictors of in-hospital mortality.

	Male (n=302)	Female (n=172)	p
Age	66±12	67±12	0.34
Diabetes (%)	57	60	0.53
PVD (%)	27	20	0.07
S/P CABG (%)	33	22	0.01
S/P MI (%)	17	18	0.75
Acute MI (%)	20	14	0.12
Ejection Fraction (%)	45±13	51±13	<0.001
Death (%)	0.7	4.7	0.006
MI (%)	0.7	0	0.54
Stroke (%)	0.7	0.6	1
MACCE (%)	1.7	5.8	0.01

Conclusions: Female patients on HD have significantly higher rates of in-hospital mortality and MACCE when undergoing PCI. Further studies are warranted to understand and prevent adverse events in this high-risk patient population.