

## Abstract für die 11. Jahrestagung der GAA vom 30.9.-1.10.04 in Jena

**Title:** Influence of gender on compliance to treatment guidelines and outcome for patients with acute myocardial infarction: Data from the Berlin Myocardial Infarction Registry 1999-2002

**Deutscher Titel des Beitrags:** Geschlechtsspezifische Unterschiede in der Compliance zu Therapieleitlinien und in der Krankenhausletalität bei Patientinnen und Patienten mit akutem Myokardinfarkt: Daten des Berliner Herzinfarktregister 1999-2002

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**Context:** Previous studies have shown that treatment guidelines for patients with coronary heart disease and acute myocardial infarctions are not followed in every day routine.

**Aim of the study:** It was the aim of our study to investigate whether gender influences the deficits in treatment and outcome described in other studies.

**Material and Methods:** We prospectively collected data from 5133 patients with acute myocardial infarction (AMI) who were treated in 25 hospitals in Berlin during the years 1999 to 2002. All AMI patient were included who reached one of the participating sites within 48 hours after symptom onset, and who received ICU treatment in hospital. Data were collected from especially trained physicians. Periodic monitoring took place.

**Results:** Before hospital admission women were more often (than men) treated with insulin 11.4% (6.1%), nitrates 25.1% (16.9%), and ACE-inhibitors 28.8% (21%). This is in part a consequence of age and higher comorbidity (hypertension, diabetes and congestive heart failure).

Initial reperfusion therapy was performed more often for men (68.8%) than women (49.7%): thrombolysis (men 33.7%; women 25.3%), primary PCI (men 35.1%; women 24.4%).

With regard to concomitant initial medical treatment, women received beta-blockers less often (66%, men 76%) and ACE inhibitors more frequently (54.1%, men 51.1%). Treatment on discharge from the hospital also showed a gender difference. Women received beta-blockers (79.7%, men 88.6%) and CSE inhibitors (48%, men 63.4%) less often than men. Hospital mortality was 18.6% among women and 8.4% among men. After adjustment in a multivariate analysis gender remained an independent predictor of hospital mortality with an OR=1.29 (95% CI: 1.01-1.64).

**Conclusion:** Women were less often treated according to established treatment guidelines than men. Their hospital mortality remained higher even after multivariate analysis considering age and comorbidity.

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**Erklärung:**

Bei keinem Autor der zu präsentierenden Studienergebnisse besteht ein “conflict of interest”.