

Clinical Characteristics and Outcomes of Patients Discharged from Chest Pain Unit- Are There Gender Differences?

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Background: Prior studies have highlighted the differences in diagnostic and management approaches between men and women presenting with chest pain. There are few data regarding the possible differences in outcomes of male and female patients discharged from a chest pain unit (CPU) after a thorough work-up. Aim: To assess modes of evaluation and outcomes in men and women presenting with acute chest pain.

Methods: The cohort included 1064 consecutive patients (70.4% male) presenting to the emergency room with chest pain that were admitted to CPU for further evaluation. Patients subsequently discharged, were followed for a median period of 110 (60-25) days.

Results: Compared to men, women were significantly older ($p < 0.00$) and had higher rates of hypertension, diabetes and hyperlipidemia, and less prior cardiovascular disease or prior coronary interventions. Non-invasive evaluation was done in 92.4% of women and 89.0% of men with similar rates of stress echocardiography (6% women and 5% men), but more isotope scans in men (40% vs. 45% $p = 0.01$), and more multidetector computed tomography in women (48% vs. 39% $p < 0.001$).

After complete CPU evaluation, men were hospitalized more often than women (8.6% vs. 16.9% $p < 0.001$), and underwent more coronary interventions. During the follow up period, all re-admission rates to CPU were similar (4.5% women, vs. 7.1% men $p = 0.1$), as were rates of acute coronary syndrome (0.96% women vs. 0.53% men $p = \text{NS}$) and coronary intervention. Recurrent chest pains rates were similar among genders (25.5% women, 23.4% men $p = 0.49$). All -cause mortality rates were similar among genders (0.32% women vs. 0.27% men $p = \text{NS}$).

Conclusion: In this large cohort of patients discharged from a CPU after thorough evaluation, we demonstrated similar short -term outcomes. Therefore thorough CPU evaluation in both men and women is effective.