CLINICAL OUTCOMES OF ST-ELEVATION MYOCARDIAL INFARCTION PATIENTS ACCORDING TO GENDER

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All authors declare they have no conflict of interests in presenting this work

Background

- Recent literature had shown a greater risk for adverse clinical outcomes following ST-segment elevation myocardial infarction (STEMI) events in women undergoing percutaneous coronary intervention (PCI).
- We aimed to assess the impact of gender on clinical results following STEMI.

Methods

- We used our single center registry of patients treated for STEMI using primary PCI between January 2001 and July 2012.
- Procedural and angiographic results and clinical outcomes up to 2 years were collected and adjudicated for major cardiac adverse events.
- The presentation and clinical outcome of 1,935 patients with STEMI primary PCI was analyzed and compared according to gender.

Results –Baseline Characteristics

Parameter	Men	Women	P value
	Demographics		
Age	59±12	68±13	0.001
Age>65y	26%	63%	<0.001
Diabetes	23%	37%	0.001
HTN	48%	63%	0.01
Anemia	24%	28%	0.03
Renal Failure	10%	24%	<0.001
	Presentation		
Ant. AMI	45%	51%	0.07
Killip>1	12%	16%	0.2
LVEF<40%	39%	48%	0.002
Multiple vessel	59%	55%	0.3
DES	16%	10%	0.007
Success	96%	92%	0.002
GP2b3a	73%	54%	0.001
Total	**1584 (71.9%)**	**351 (18.1%)**	

Results

- In a multivariate analysis adjusted for baseline differences, 4 were independent predictors of death after 1 or 2 years.
- Female gender was not!

1. **Age>65y** (OR= 1.9, CI=1.4-2.6, p=0.003)
2. **Ejection fraction<40%** (OR= 1.4, CI=1.2-1.7, p<0.001)
3. **Killip class>1** (OR= 2.8, CI=1.9-4.2, p<0.001)
4. **Creatinine clearance <60**mL/min/m² (OR= 1.4, CI=1.1-1.7, p=0.003)
5. **Female Gender** (OR=1.4, CI=0.8-3.0, p=0.2)

Conclusions

- In this prospective, real world registry-based study, we have shown worse outcomes among female patients undergoing primary PCI for STEMI.
- However, after correction for co-morbidities, gender was no longer an independent predictor of outcomes.