Recent Temporal Trends in the Presentation, Management and Outcome of Women Hospitalized with Acute Coronary Syndromes
Real World Data from the Acute Coronary Syndrome Israeli Survey (ACSIS)

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No conflict of interest to disclose

Methods

- *Study population: ACSIS 2000-2010*
  - A biannual national survey including all ICUs
  - 11,536 with patients ACS
  - The current study population comprised all 2710 women (24%of total population) enrolled in ACSIS 2000-2010
  - Demographic, historic, and clinical data were recorded on pre-specified forms
- *Definitions*
 - Early surveys: 2000-2004
  - Late surveys: 2006-2010

Baseline characteristics of women by survey years

	Early Surveys N=1473	Late Surveys N=1225	P value
Age, mean	70.3	70.3	0.99
Diabetes mellitus	42%	44%	0.38
Hypertension	69%	76	<0.001
Dyslipidemia	56%	75%	<0.001
Chronic Renal failure	7%	14%	<0.001
Past myocardial infarction	25%	26%	0.38
Obesity (BMI>25)	27%	33%	0.002
Chronic medical therapy			
Aspirin	46%	54%	<0.001
Beta blockers	40%	47%	0.001
Lipid lowering agents	26%	58%	<0.001

In hospital complications
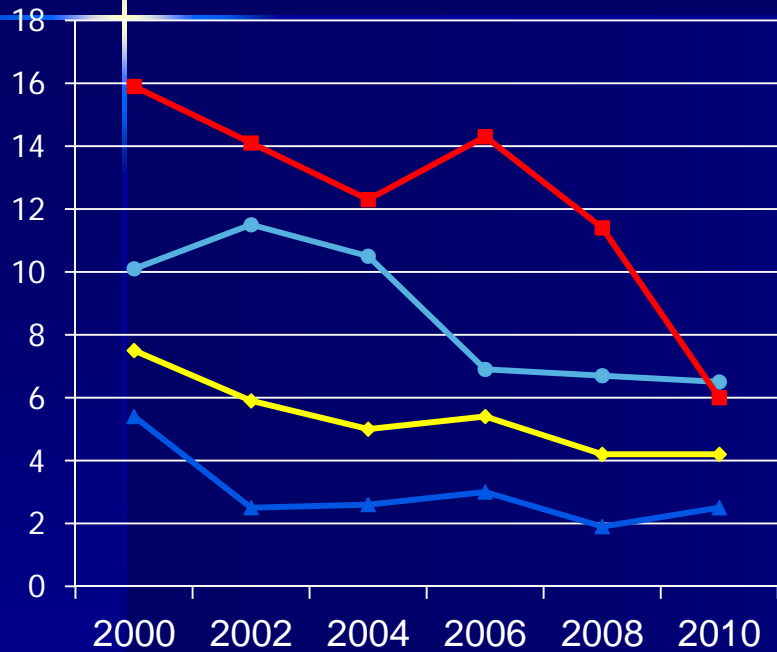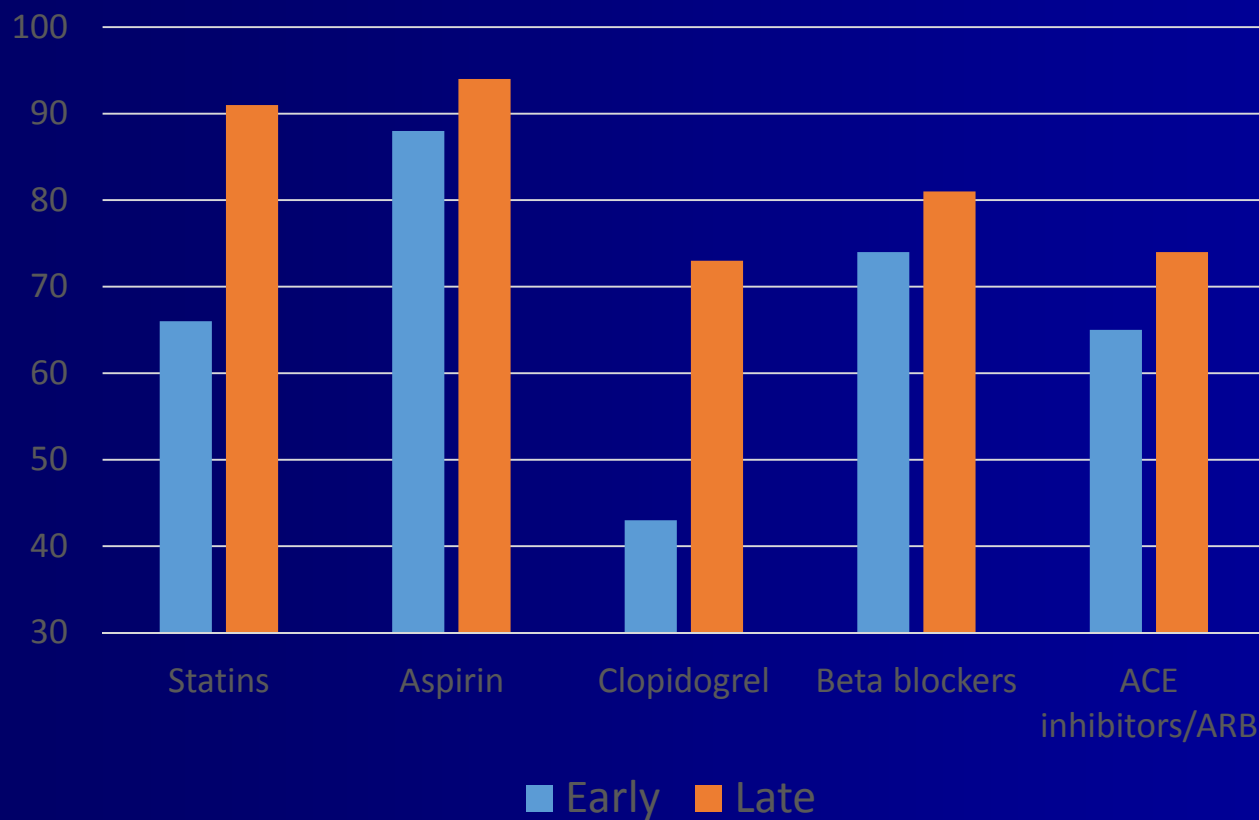
Primary PCI in women with STE
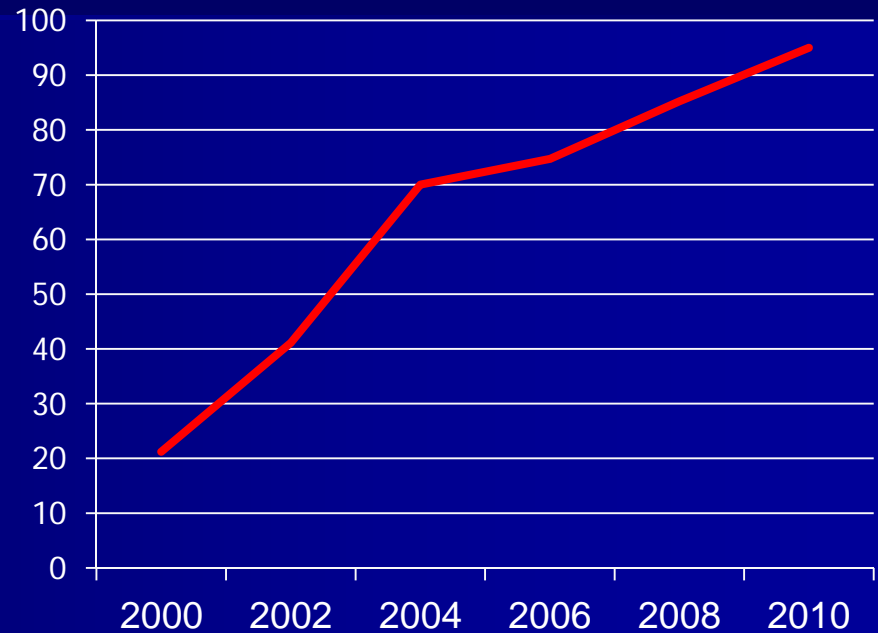
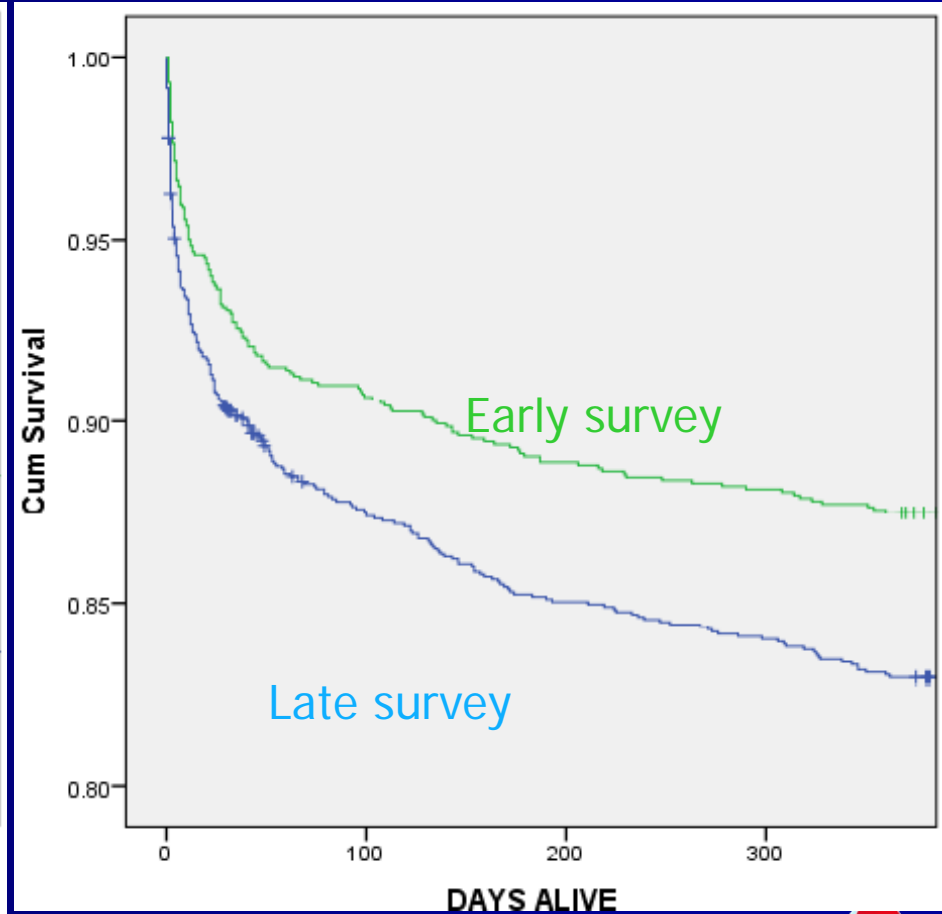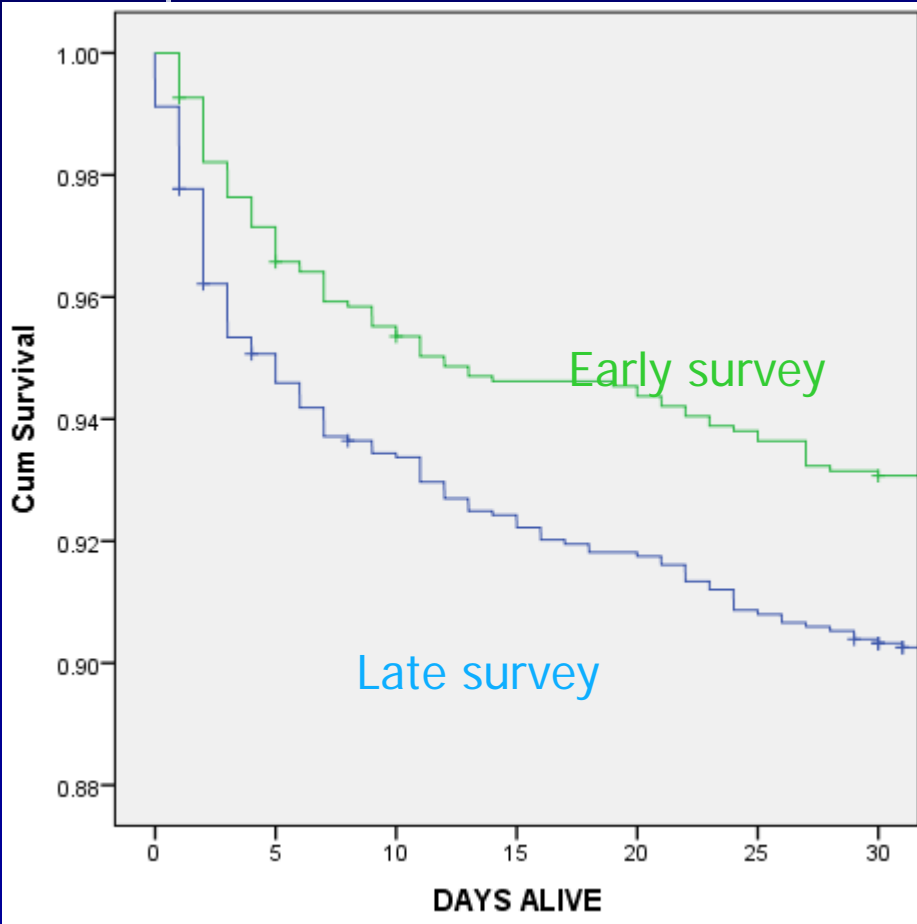# Discharge prescriptions in early vs. late surveys

(p value <0.01 for all)

Main outcomes

30 Day MACE

1 Year Mortality

(long rank <0.01)

Conclusions

- **The rate of women presenting with ACS has declined**
- **Rates of co-morbidities have increased**
- **Women have been receiving more guideline based treatment for ACS in recent years, but door to balloon time has not changed significantly**
- **Changes and progress in the last decade may have resulted in reduced mortality in recent years in woman with ACS despite increased frequency of comorbities**