

Women Fare Worse after Heart Attack



While national campaigns have previously focused on young women with acute myocardial infarctions, there is still a lack of data related to sex differences in hospitalisation rates, length of stay, clinical characteristics and mortality. A study conducted by a team of researchers from the Yale School of Medicine aimed to determine sex differences in terms of clinical characteristics, hospitalisation, length of stay and in-house mortality by age group and race. The findings were published in the Journal of the American College of Cardiology.

The research team analysed 230,684 heart patients. The age group of these patients ranged from 30 years to 45 years and they were divided into 5-year subgroups from 2001 to 2010. The results of the study showed that women tend to have longer hospital stays and are more likely to die in the hospital after a heart attack as compared to men.

Women were also shown to have more prevalence of co-existing medical conditions. These include high blood pressure, high cholesterol and diabetes. Overall, the study showed that women fared worse in terms of treatment duration as well as in-hospital mortality.

Lead author Aakriti Gupta, MD stated that the results suggest the “need to raise awareness of the importance of controlling cardiovascular risk factors like diabetes, high blood pressure and smoking in younger patients. Younger women are a vulnerable yet understudied group with worse cardiac risk profiles and worse outcomes after a heart attack as compared with younger men.”

The results indicate that there is a distinct lack of awareness and poorer control of risk factors such as diabetes, smoking and high blood pressure. It is thus important for physicians to take on a more active role and to keep their patients informed about cardiovascular risk factors. Policymakers also need to direct more resources specifically toward the younger population for primary prevention.

In addition, the fact that younger women have shown worse cardiac risk profiles and outcomes as compared to younger men highlights the importance of further investigating the sex-specific biological, clinical and social factors in order to determine the factors that are responsible for these gender differences in results.

The results also show that young women would definitely benefit from a more aggressive control of cardiovascular risk factors and may have better outcomes through early identification of and treatment of risk factors such as hypertension, smoking, obesity, hyperlipidaemia and diabetes.

Source: Medical News Today
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