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WOMEN DISADVANTAGED WHEN IT COMES TO CARDIAC CARE

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WOMEN with some cardiac conditions receive less evidence-based treatment than their male counterparts, research published today by the *Medical Journal of Australia* has confirmed.

Researchers from the University of Sydney, Westmead Hospital and Concord Repatriation General Hospital, assessed differences in the evidence-based treatment received by men and women with non-ST-elevation acute coronary syndromes (NSTEACS) and in their outcomes, both in-hospital and at 6-month follow-up. They also separately assessed these differences in patients with documented coronary artery disease (CAD).

"The proportion of women who underwent cardiac catheterisation was smaller (1710, 71% v 4134, 77%), and the median time to catheterisation was longer (53 h; IQR, 28–91 h v 47 h; IQR, 25–77 h) than for men; non-obstructive coronary artery disease (NOCAD) was detected in a larger proportion of women than men during catheterisation (602, 35% v 566, 14%)," they authors, led by Professor David Brieger, Professor of Cardiology at the University of Sydney.

"At discharge, fewer women were prescribed aspirin (85% v 91%), a second antiplatelet medication (59% v 68%), beta-blockers (71% v 75%), or statins (86% v 92%), or referred to cardiac rehabilitation (54% v 63%).

"A total of 4676 patients had documented CAD, including 1108 women (24%). Smaller proportions of women with CAD than of men underwent coronary artery bypass grafting (110, 10% v 563, 16%) or were prescribed statins at discharge (94% v 96%).

"Fewer women than men were referred to cardiac rehabilitation (750, 69% v 2652, 75%), including of those who had been revascularised (CABG: 97, 77% v 509, 83%; PCI: 480, 76% v 1623, 81%)," Brieger and colleagues reported.

"The larger proportion of women with NOCAD may partly explain the difference. However, NOCAD is not a benign condition, and patients can benefit from secondary prevention therapies," they wrote.

"In Australia, adherence to guideline-based therapy for people with NSTEACS could be improved, especially for women in hospital and for both sexes at discharge."

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