

Gender is Associated with Decreased Treatment and Increased Mortality for Victorian Patients Admitted with ST-segment Elevation Myocardial Infarction

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Background. Death from ST-segment elevation myocardial infarction (STEMI) is avoidable with early reperfusion therapy. International studies report inequity in the provision of treatment and inhospital mortality for women with STEMI compared to men. These differences have not been investigated in an Australian population.

Aim. To determine whether patient sex and age were associated with variation in reperfusion therapy or increased mortality in patients with STEMI in Victorian hospitals.

Methods. We undertook retrospective analyses on a government database for patients admitted to Victorian hospitals with STEMI during 2005-10. Patients were analysed according to sex and age (<65 or ≥65 years).

Results. Women were less likely to receive angioplasty and were more likely to receive no reperfusion therapy than men in corresponding younger and older age groups ($p=0.006$ and $p<0.001$, respectively). Overall, women in both age groups were more likely to die inhospital than men from equivalent age groups with STEMI ($p<0.001$, both groups).

Conclusions. Maximising treatment for patients with STEMI saves lives. Consistent with findings from international studies, women in Victoria were less likely to receive treatment for STEMI and were more likely to die during hospital admission than men. Further research needs to verify the findings and causes, and guide future research to ensure application of equitable evidence-based treatment to both sexes.