

Abstract No. 5

Category: **Acute Coronary Syndromes**

Title: **Gender Differences in Acute Coronary Syndrome. Insights From a Prospective Cohort.**

Primary Author: **German Camilo Giraldo Gonzalez**

Abstract:

Background: There is controversy regarding the relationship between gender and acute coronary syndrome (ACS) some data suggest that females could have higher mortality rates and lower access to proven treatments than male for secondary prevention.

Methods: In a high complexity institution on south west Colombia, we conducted a prospective cohort. All consecutive patients admitted with ACS between 2011 and 2018 taken to percutaneous coronary intervention were included in the analysis between females (F) and males (M)

Results: There were 1162 F (28.3%) and 2939 M (71.6%) of 64 and 60 years old respectively. F body mass index 27.2 vs M 26.2. Personal history, basal and follow up are shown Table 1. In hospital length was F 5.2 vs M 4.9 days, 129 (11.3%) females died, vs 271 (9.35%) M. The indication of invasive study was unstable angina in (F vs M) 21.1% vs 21.5%, stable angina 35.4 vs 29.5%, STEMI in 3.2 vs 4% and NSTEMI 22.7 vs 29.4%. At 6th month of follow up 18% of F vs 7% M presented an episode of thoracic pain, with similar low rates in myocardial infarction, interventions, bleeding and hospitalizations. At 12th month of follow-up there were similar rates in mycardial infarction, interventions, hospitalizations and no bleedings

Conclusion: cardiovascular events, had different rates between females and males. Males had fewer use of antiplatelets, beta blocker and statins and fewer mortality. Still in both there are low rate of secondary prevention medication possible associated to socioeconomic and insurance factors