Gender differences in the implementation of CVD prevention in patients with coronary disease: Results from the EUROASPIRE V Survey

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Introduction EUROASPIRE V was a cross-sectional survey carried out by the European Society of Cardiology, EURObservational Research Programme in 2016-2017 in 27 European countries

Purpose To describe gender differences in lifestyle and risk factor management, and the use of cardioprotective drug therapies in patients with coronary heart disease in Europe.

Methods Patients <80 years with coronary disease (CABG, PCI or an acute coronary syndrome) were identified from the hospital medical records and interviewed and examined by trained staff =6 months and =2 years later using standardized methods including central laboratory measurements.

Results A total of 8,261 (25.8% females), mean age 63.6 (SD 9.6) were interviewed, with a median time between the index event and interview 1.12 years (IR 0.82-1.56). Women were older (mean age 65.4 years [SD 9.2] vs 63.0 [9.7] and had a lower level of education than men. Comparing women with men, the prevalence of the risk factors were as follows: current smoking 12.8% vs 20.7%, obesity (BMI = 30 kg/m2) 45.7% vs 34.9%, central obesity (waist circumference = 102 cm in men or = 88 cm in women) 78.0% vs 51.8%, raised blood pressure (BP = 140/90 mmHg, = 140/80 mmHg in patients with diabetes) 47.1% vs 46.0%, elevated LDL-cholesterol (= 1.8 mmol/l) 77.9% vs 68.5% and self reported diabetes 33.1% vs 28.0%. Reported use of prophylactic drug therapies for the same comparison was: antiplatelets 91.8% vs. 92.8%; beta-blockers 81.8% vs. 80.8%; ACE inhibitors/ARBs 75.0% vs. 75.3%; and statins 76.8% vs. 82.2%. The therapeutic control of blood pressure, LDL-cholesterol and diabetes (HbA1c < 7 mmol/L) was: 48.2% vs 49.9%; 25.7% vs 34.1% and 48.5% vs 56.7%, respectively.

Conclusions The results show that women with coronary disease have higher prevalence of obesity, central obesity, elevated LDL-cholesterol and self-reported diabetes than men. There were no differences in terms of blood pressure management. All coronary patients require professional support to make lifestyle changes and manage risk factors more effectively in order to reduce their risk of recurrent cardiovascular events.