Abstract: P1523

Comparative long-term outcomes among men and women after percutaneous coronary intervention

Authors:
N Procopi¹, M Zeitouni¹, M Kerneis¹, N Hammoudi¹, E Berman¹, O Barthelemy¹, R Choussat¹, P Guedency¹, N Braik¹, J Silvain¹, C Le Feuvre¹, G Helft¹, ¹Hospital Pitie-Salpetriere, Institute of Cardiology - Paris - France,

Topic(s):
Cardiovascular Disease in Women

Citation:

Background: Comparative long-term outcomes among women and men treated with percutaneous intervention (PCI) are unknown.

Objective: To describe and compare mortality and predictors of poor outcomes among men and women who underwent PCI.

Methods: Consecutive men and women admitted for PCI between 2008 and 2011 were prospectively included and followed-up in this cohort study. Major adverse cardiovascular and cerebrovascular events (MACCE) and causes of death were collected through consultations, calls and death certificate. The primary endpoint was all-cause mortality according to gender. Secondary endpoints were cardiovascular death, non-cardiovascular death and MACCEs. Last detailed cardiovascular and vital status were collected in January 2019.

Results: A total of 3524 patients including 2720 men (77.1%) and 804 women (22.8%) were followed-up for a median time of 7.0 years (IQ1: 5.4; IQ 3: 7.2). The follow-up rate was 97.6%. Women were older at baseline (70 ± 13.1 vs. 64.6±12), smoked less often (18.9 % vs. 30.4 %) but suffered more frequently of hypertension (67.9 % vs. 58.1%) and chronic kidney disease (42.6 % vs. 22.7%). All-cause death occurred for 30.3% (n=1070) and MACCE for 40.9% (n= 1443) of patients in the cohort. In unadjusted analyses, women had a higher risk of all-cause mortality (35% vs 29%, HR = 1.25, 95%CI [1.09–1.43], p = 0.0015) and cardiovascular mortality (61% vs. 57 %, HR = 1.31, 95%CI [1.10–1.56]) but there was no difference on occurrence of MACCE (HR = 1.079, 95%CI = [0.9271-1.221]). After adjustments for baseline cardiovascular risk factors, presentation and severity of coronary disease, women and men shared a similar risk of mortality along time (adHR = 0.90, 95%CI [0.77–1.05]).

Conclusions: In this long-term follow-up, women had a higher risk of all-cause and cardiovascular mortality after PCI in unadjusted analyses. However, gender was not independently associated with mortality after adjustment for cardiovascular risk factors.
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