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Do women with heart failure get the best treatment possible?

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Introduction
Heart failure is a global pandemic with an increasing incidence and a great impact on the quality of patients life as well as public health. To improve treatment results it is mandatory to give patients optimal medical treatment with the use of disease modifying drugs and comorbidities management. There is a growing number of evidence about gender specific differences in heart diseases in general and heart failure in particular, with women being often times underdiagnosed and undertreated.

Purpose
We therefore aimed to investigate gender specific differences in our heart failure patients population.

Methods
We retrospectively reviewed consecutive patients at the heart failure outpatient clinic at our Hospital from January 2017 to December 2018. We included all patients that had at least two consultations and excluded patients with lacking data. We performed a comparison analysis with student's t-test for normally distributed variables and chi-squared test for percentages using Microsoft Office Excel 2010 and SPSS Statistics v. 22.

Results
We enrolled a total of 215 patients, mean age was 76.5 ± 10.8 years; 84 (39.1%) had heart failure with reduced ejection fraction – HFrEF, 35 (16.3%) had heart failure with mid-range ejection fraction – HFmrEF, 96 (44.7%), had heart failure with preserved ejection fraction – HFpEF; 109 (50.7%) were women. Women were older (79.8 ± 9.3 vs 73.1 ± 11.1 years, p <0.001), had a lower BMI (28.9 ± 5.9 vs 30.5 ± 5.8 kg/m², p 0.027) and a lower median troponin level (23 (interquartile range 23) vs 30 (interquartile range 29) ng/L, p 0.004). They were more present in the HFpEF group (64.6%, p <0.001), had less comorbidities (p 0.010) and a lower prevalence of ischemic heart disease (24 (22.0%) vs 59 (55.7%), p <0.001). Women were less likely to receive optimal medical treatment with a lower percentage of disease modifying antihypertensive drugs (angiotensin-converting-enzyme inhibitors / angiotensin II receptor blockers / angiotensin receptor-neprilysin inhibitor) used in this group (88 (80.7%) vs 96 (90.6%), p 0.040), while there were no differences in the percentage of other heart failure medications.

Conclusion
Our study show gender specific differences between women and men that are expected due to the different course of the disease and etiologic pathologies in those groups. According to our results women get less than optimal medical treatment compared to men. However since the prognosis of heart failure is similar in women and men, it is mandatory to improve and optimize the treatment for all patients regardless of their gender.