Abstract: **P1768**

**Gender-related differences in patients with acute heart failure: patient characteristics and clinical outcomes**

**Authors:**
M Anuntasainont\(^1\), P Sriparn\(^1\), P Lalithnithi\(^1\), S Kittiprachakul\(^1\), C Thimphitthaya\(^1\), A Trongtorsak\(^1\), A Ariyachaipanich\(^1\), \(^1\)King Chulalongkorn Memorial Hospital, Department of Internal Medicine - Bangkok - Thailand,

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Background: There was some evidence that women benefited less from medical advancement including various cardiovascular diseases. However, there was limited data on gender inequality in patients with acute heart failure (AHF).

Purpose: The aim of this study was to determine the effect of gender on 180-day all-cause mortality or rehospitalisation in patients admitted for AHF.

Methods: This was a prospective cohort study of consecutive patients with a diagnosis of AHF who were admitted at an academic tertiary care hospital from July 2017 to February 2018. The patients had to fulfill Framingham criteria for the diagnosis of AHF. Patient characteristics and 180-day all-cause mortality or rehospitalisation were gathered. Chi-square and multivariate analysis were used for statistical analysis.

Results: Total of 422 patients were screened and 191 patients met inclusion criteria (mean age of 68.4 years, 46.6% female). Women were significantly older (mean age of 72±13 vs. 65±12.8, p<0.001), and had lower prevalence of reduced left ventricular ejection fraction (22.1% vs. 48.9%, p=0.001). On the other hand, men significantly had more coronary artery disease (50% vs. 33%, p=0.025). All-cause mortality or rehospitalisation in 180 days was significantly higher in men (58.8% vs. 41.6%, p=0.021). With multivariate logistic regression analysis, we still found that male gender was an independent risk marker for 180-day all-cause mortality or rehospitalisation (OR 2.0, p=0.018).

Conclusion: Contrast with other cardiovascular conditions previously reported, among patients with AHF, female gender is associated with better clinical outcome.