



## Original Article

## The Insight into the Sex Differences in the Patients Diagnosed with Acute Coronary Syndromes Undergoing Percutaneous Coronary Intervention

Muhammad Nazim<sup>\*</sup>, Abubakar Maqbool<sup>1</sup>, Muhammad Umair Younas<sup>1</sup>, Muhammad Sohaib Ejaz Khan<sup>2</sup> and Alard Yasir M<sup>2</sup><sup>1</sup>Wazirabad Institute of Cardiology, Wazirabad, Pakistan<sup>2</sup>King Fahad Armed Forces Hospital, Jeddah, KSA

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## \*Corresponding Author:

Muhammad Nazim

Wazirabad Institute of Cardiology, Wazirabad, Pakistan  
[drnazimbashir@gmail.com](mailto:drnazimbashir@gmail.com)Received Date: 3<sup>rd</sup> July, 2022Acceptance Date: 17<sup>th</sup> July, 2022Published Date: 31<sup>st</sup> July, 2022

## ABSTRACT

The limited knowledge is present about the outcomes associated with the patients diagnosed with acute coronary syndrome (ACS). The insufficient data about the sex difference in the post-interventions outcomes and disparities in management is available. **Objectives:** To determine the sex-related differences in the patient diagnosed with ACS. This study also aimed to determine how these differences have perished in a time span of one year. **Methods:** It was a retrospective study with the statistical approaches. The data of the 1000 patients visited the cardiology department of our institute was collected from the Wazirabad Institute of Cardiology, Wazirabad. The patients diagnosed with the non-ST-segment elevation acute coronary syndrome were selected. The ethical and review board committee of the hospital approved the study. The patients were further grouped to ACS I and ACS II. **Results:** The study indicated that the older women had the higher cases with reported history of heart failure and hypertension. The association between coronary angiography in-hospital use and female gender was very weak. It suggests that physicians underestimate the risk associated with the patients that leads to less use of invasive strategies for treatment. **Conclusions:** The poor in-hospital outcomes are associated with the female gender. Women are less likely to undergo coronary artery angioplasty and other cardiac procedures as compared to the male patients.

## INTRODUCTION

Cardiovascular diseases are the major cause of increasing mortality rates worldwide. These are one of the global issue. The data has indicated that the incidence of the cardiovascular diseases are higher in the women than men. The prognosis of chronic diseases is also worst in the women. The proportion of the women affected by CVD is rising every day with the increase in the life expectancy [1, 2]. The older women are more prone to the development of the CVD as compared to the older men. Similarly women share the higher burden of ischemic heart diseases. The higher mortality rates and worst baseline cardiovascular profile are observed in the women presented with the ACS undergoing PCI at hospital. The PCI is the first line of the treatment for the patients diagnosed with the ST-elevation

myocardial infarction (STEMI) [3,4]. Although PCI procedure are observed to be less protective in women but their frequent use can be beneficial for the women. The STEMI patient who undergoing PCI are highly recommended with the implantation of drug-eluting stents (DES). It is safe and beneficial procedure for patients. Few studies have suggested that the DES-based PCI in patients with ACS produce conflicting results [5]. The gender related disparities are highly observed in the patients diagnosed with ACS. It is still remain questionable that do the sex related disparities of ACS management truly persist in the patients or not. The proportion of the fatal and non-fatal ischemic complications can be reduced in the patients diagnosed with ACS by invasive investigations

and revascularization [6]. Because of the gender disparities in treatment strategies of ACS patients there is the lower proportion of women who undergo revascularization. This is a multifactorial problem. There is the higher prevalence of the comorbidities associated with the women diagnosed with ACS. The incidence of the risk factors i.e., diabetes hypercholesterolemia and hypertension are also higher in the women diagnosed with ACS as compared to the men [7-9]. The revascularization by percutaneous coronary intervention is seemed less suitable for the women as compared to the men because of the smaller coronary vessel women have. The study aimed to determine the sex related disparities evidences in treatment and outcomes of the ACS diagnosed patients.

## METHODS

The data for ACS I, ACS II was obtained from the hospital. The data of the 1000 patients were collected from the Wazirabad Institute of Cardiology, Wazirabad. It was a prospective observational study. The duration of the study was from March 2021 to March 2022. The patients diagnosed with the non-ST-segment elevation acute coronary syndrome were selected. The patients older than 18 years were selected for further study. The patients with incomplete data were excluded from the study. The inclusion criteria was applied on the patients. The patients must have ACS and his electrocardiogram changes must be consistent with ACS. The history of coronary artery disease of every participants must be documented. The patient with ST-segment elevation  $\geq 0.1$  mV in  $\geq 2$  contiguous leads were excluded from the study. The patients observed with any other disease after final diagnosis were also excluded. The ethical and review board committee of the hospital approved the study. The patients were further grouped to ACS I and ACS II and the demographic features were reported and studied.

## RESULTS

The 1000 patient's data was taken for the study. Among 1000 patients taken, there were 650 patients that had acute coronary syndrome I and there were 350 patients suffering from acute coronary syndrome II. The baseline features of all the admitted patients are described in table 1. Among the 650 patients of ACS I there were 430 males and 220 were female patients. And among the 350 ACS II there were 230 males and 120 were female. The age of the male patients was from 55-73 in case of ACS I and in case of ACS II it was from 56-78. The age of female patients was average 72 in case of ACS I and ACS II as well. The women in this study were significantly older as compared to male members therefore they had more chances to suffer from angina and related heart issues as compared to male. Women were seen to be showing less chances to have revascularization

either by using PCI or CABG as compared to men.

ACSI (n=650)			
Features	Male (n= 430)	Female (n=220)	P-Value
Age	65 (55-73)	72 (62-79)	-
<b>Medical history</b>			
Angina	62.8	62.7	0.05
Heart failure	12.2	14.3	0.010
PCI	19.2	11.4	0.001
Diabetes	26.6	31.9	0.002
Hypertension	45.7	62.7	0.001
<b>Clinical features at the time of admission</b>			
Heart rate	73 (62-90)	73 (63-90)	0.001
Systolic BP	148 (130-167)	151 (132-171)	0.001
Abnormal initial biomarker	41.8	37.2	0.019
ACS II (n=350)			
Features	Male (n= 230)	Female (n=120)	P-Value
Age	63 (56-74)	72 (62-78)	-
<b>Medical history</b>			
Angina	58.0	53.4	0.034
Heart failure	23.4	20	0.13
PCI	23.5	11	0.006
Diabetes	27	29.7	0.13
Hypertension	56.7	68.2	0.002
<b>Clinical features at the time of admission</b>			
Heart rate	74 (65-94)	79 (69-94)	0.001
Systolic BP	147 (129-167)	151 (131-174)	0.005
Abnormal initial biomarker	52.5	54.3	0.005

**Table 1:** Baseline features of the patients as per their gender

The incidence of angina was reported by the patients and the data showed that there were 62% male patients that reported angina pain among the participants and same percentage was found for female of this group as well where 62.8% patients reported about the angina pain. Women had less chances to undergo coronary angioplasty than male members according to data shown in table 2 with the passage of time the coronary angiography usage by both male and female increased overall. The multivariable analysis showed that the female members of the study was kept as predictor (independent) of the mortality in the hospital.

ACSI(n=650)			
Features	Male (n= 430)	Female (n=220)	P-Value
<b>Medicines used within 24 hours</b>			
Aspirin	90%	89%	0.001
Heparin	88%	90%	0.005
<b>In hospital procedures</b>			
PCI	16%	12%	0.005
CABG	6%	3%	0.005
Coronary angioplasty	40%	35%	0.005
ACSII n=350			
Features	Men n=230	Women= 120	P-Value
<b>Medicines used within 24 hours</b>			
Aspirin	93%	90%	0.005
Heparin	80%	60%	0.005
<b>In hospital procedures</b>			
PCI	13%	6%	0.001
CABG	34%	23%	0.001
Coronary angioplasty	67%.%	61%	0.001

**Table 2:** Medication usage within 24h by the male and female participants

## DISCUSSION

Coronary artery disease is one of the most leading causes of death worldwide with every 1 in 4 deaths, if left untreated. Here in this study the gender base differences among patients that suffer from acute coronary syndrome was studied and the data of the patients was analyzed to look for the variations that exist between these two genders linked with coronary artery disease. The gender disparities exist among patients when it comes to early prognosis and prolonged treatment [10, 11]. As per recent studies there were very few female patients that were treated with medicines like heparin, GPIIb/IIIa inhibitor as compared to the male patients. As far as in-hospital angioplasty was concerned there were more number of male patients that carry out coronary angioplasty as compared to female. There was independently low percentage of female found for in hospital angioplasty. It was found that the underestimation of the risk is main reason why this ratio is less in female as compared to male [12]. There were more mortalities of female in hospital due to coronary artery disease as compared to men. And this study was irrespective of age of the patient. Likewise, the disparities were commonly found in other management patterns as well [13, 14]. As per previous studies the baselines feature of male and female characteristics showed variations in NSTEMI-acute coronary syndrome. In this study the average age of women was found to be more than men. The incidence of diseases like hypertension, diabetes, heart failure was more commonly found among female patients as compared to male. However as per studies the incidence of PCI and CABG was found to be less in case of women [15]. Irrespective of the fact that baseline characteristics show variation, the female members also

showed same response to the medication like aspirin, anticoagulants etc. these studies reveal that the use of GPIIb/IIIa inhibitor can prove to be excellent to treat high risk patients. There were very few women that were treated with medications like heparin, thienopyridine etc as compared to the men. And previous studies support these findings. It was reported that women reported more dosing errors as compared to men, and because these dosing errors ultimately lead to bleeding issues with the use of anticoagulants prove to be one of the reasons of disparity among male and female members [16]. Our study also shows that the men undergo coronary angioplasty more than female. Such findings were also found in previous studies as well where the gender base differences were found between male and female patients in case of coronary artery angioplasty. There was negative prediction for angioplasty in case of female as compared to male and previous studies also supported this data. There were many hypotheses that tried to explain why there exists a gender based disparity between male and female patients in case of coronary artery disease management [17, 18]. One of the hypothesis included the appearance of vasospastic diseases and the occurrence of atypical symptoms in case of women because of which their diagnosis becomes even harder by the doctors. Women may also be presenting with non-obstructive coronary artery disease. Therefore, the physicians become reluctant in recommending the catheterization treatment for heart in case of women there is quite high cost of the treatment and there is uncertainty that either there is coronary obstructive lesion or not [19]. As per studies recently it is suggested by the physicians that the younger female is less likely to be cared for by cardiac surgeon that prove to be one of the reasons of underutilization of certain evidence based treatment. However, in this study all the patients showed ACS and they will be given treatment under same consideration [20]. This study has uniqueness as the data mentioned is the actual data taken from treating doctor's rationale so that a comparative and observational study can be carried out. The most common reason that was cited by physician and the patient was that the risk was not high enough to undertake the coronary angioplasty. And same remarks were given by both female and male participants. By using large files of data this study was able to explore trends that were changing with the passage of time. But this study was not completely adjusted for all kinds of confounders which can be one of the limitations of this study [21, 22].

## CONCLUSIONS

This study analyzed the gender differences among the patients with coronary artery syndrome that undergo percutaneous intervention. It was found that women are

less likely to undergo coronary artery angioplasty and other cardiac procedures as compared to the male patients. Great awareness is needed for both male and female to eliminate this gender disparity.

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