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### **Persistent Gender Bias in the Use of Percutaneous Coronary Intervention at the Acute Stage of MI from 1995 to 2005: Results from the French USIK, USIC 2000 and FAST-MI Registries**

**Author Block:** Nicolas DANCHIN, HEGP, Paris, France; Tabassome SIMON, CHU St Antoine, Paris, France; Helene ELTCHANINOFF, CHU Rouen, Rouen, France; Martine GILARD, CHU Brest, Brest, France; Ioana OLTEAN, CH Cambrai, Cambrai, France; Florence LECLERCQ, CHU Montpellier, Montpellier, France; Geneviève MULAK, Jean-Pierre CAMBOU, SFC, Paris, France; for the USIK 1995, USIC 2000 and FAST-MI investigators

**Abstract:** Percutaneous coronary intervention (PCI) is an essential step in the management of patients with STEMI or NSTEMI. Previous data have evidenced a gender bias in the use of PCI in people admitted for AMI.

**Aim:** to assess whether PCI was used differently in men and women with AMI and if there have been changes in this regard over the last 10 years.

**Methods:** USIK 1995, USIC 2000 and FAST-MI are 3 nationwide French registries conducted 5 years apart, using a similar methodology in patients admitted to CCU over a one-month period. For the present analysis, all 7528 patients admitted for AMI (STEMI and NSTEMI) < 48 hours from symptom onset were included.

**Results:** 2152 patients were included in 1995, 2317 in 2000 and 3059 in 2005. Women represented 29%, 27% and 32% of the populations, respectively in the 3 periods. Overall, women were 10 years older than men (no difference between the 3 periods); PCI was used in 53% of men and 39% of women ( $p < 0.001$ ). Use of PCI during the initial hospital stay increased from 1995 to 2005, but the difference between men and women persisted (1995: 12% v. 20%; 2000: 45% v. 62%; 2005: 52% v. 69%) ( $p < 0.001$  at all time points). In the whole population, female gender was an independent predictor of a lower use of reperfusion therapy (OR: 0.70; 95% CI: 0.62-0.79,  $p < 0.001$ ), together with older age, history of peripheral arterial disease, history of congestive heart failure, and earlier time period (1995 v 2000 v 2005) (logistic regression analysis). In each of the 3 periods, female gender remained associated with lower use of reperfusion, with odds ratios of similar magnitude (1995: OR: 0.54, 95% CI: 0.41-0.71; 2000: OR 0.50, 95% CI: 0.41-0.60; 2005: OR: 0.48, 95% CI: 0.41-0.56). A striking decrease in 30-day mortality was observed in women (1995: 21%, 2000: 12%, 2005: 8.5%). This decrease, however, was found predominantly in women who underwent PCI (14%, 6% and 4%, respectively), compared with women without PCI (22%, 17%, 14%, respectively). **Conclusion:** In spite of a much higher use of PCI over the past 10 years, a definite gender bias persists. This finding is all the more preoccupying as the reduction in early mortality over this period of time has been observed mainly in women with PCI.

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