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## 926 : Gender differences in the application and outcome of PCI, Euro Heart Survey PCI

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The aim of this study was to assess gender differences in the application of PCI and in procedural and clinical outcomes across a range of clinical settings.

The Euro Heart Survey PCI included 13,152 consecutive patients undergoing PCI across Europe in 2005. One third had PCI in the setting of ACS with ongoing instability, 24% had stabilised ACS and 42% were elective. Overall 25% were female, but with a higher proportion of women (29%) in the non-ST elevation ACS setting. Women were older (68 vs 62 yrs,  $p < 0.0001$ ), with a higher prevalence of diabetes (33% vs 23%,  $p < 0.0001$ ). More women were in cardiogenic shock at presentation (12% of women with STEMI vs 8% of men,  $p = 0.001$ ). Shorter stent lengths, and smaller diameter balloons/stents were used in women. However the use of stents and drug eluting stents was similar, except in the setting of STEMI, where fewer women had stent implantation (89% vs 94%,  $p = 0.004$ ). Adjuvant drug therapies and medications on discharge were not substantially different between genders. Women had more frequent arterial complications (false aneurysm 1.4% vs 0.6%,  $p < 0.001$ ), more significant bleeding complications (0.8% vs 0.3%,  $p = 0.008$ ) and overall had a two fold greater in-hospital mortality rate (2.2% vs 1.2%,  $p < 0.0001$ ) than men. The increased mortality rate in women was greatest in patients with ST elevation MI (7.7% v 4.1%, OR 1.95 [1.34-2.85]  $p = 0.004$ ), but was not apparent after adjustment for age, OR 1.27 [0.85-1.89];  $p = 0.25$ . Although the absolute numbers were considerably lower, there was also excess mortality in women undergoing elective PCI (0.5% v 0.2%, OR 2.77 [1.0-7.65]  $p = 0.04$ ), but again this was no longer significant when adjusted for age, OR 2.43 (0.85-6.89);  $p = 0.096$

Despite similar application of stent technology and adjuvant therapy women have a small but significant excess risk of procedural complications, and a significantly higher in-hospital mortality post PCI compared to men. This is most obvious, but not only restricted to patients in the setting of STEMI, and the differences between genders are not statistically significant after adjustment for age.