Recent Temporal Trends in the Presentation, Management and Outcome of Women Hospitalized with Acute Coronary Syndromes
Real World Data from the Acute Coronary Syndrome Israeli Survey (ACSI S)

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No conflict of interest to disclose
Methods

**Study population: ACSIS 2000-2010**

- A biannual national survey including all ICUs
- 11,536 with patients ACS
- The current study population comprised all 2710 women (24% of total population) enrolled in ACSIS 2000-2010
- Demographic, historic, and clinical data were recorded on pre-specified forms

**Definitions**

- Early surveys: 2000-2004
- Late surveys: 2006-2010
## Baseline characteristics of women by survey years

<table>
<thead>
<tr>
<th></th>
<th>Early Surveys N=1473</th>
<th>Late Surveys N=1225</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age, mean</strong></td>
<td>70.3</td>
<td>70.3</td>
<td>0.99</td>
</tr>
<tr>
<td><strong>Diabetes mellitus</strong></td>
<td>42%</td>
<td>44%</td>
<td>0.38</td>
</tr>
<tr>
<td><strong>Hypertension</strong></td>
<td>69%</td>
<td>76%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td><strong>Dyslipidemia</strong></td>
<td>56%</td>
<td>75%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td><strong>Chronic Renal failure</strong></td>
<td>7%</td>
<td>14%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td><strong>Past myocardial infarction</strong></td>
<td>25%</td>
<td>26%</td>
<td>0.38</td>
</tr>
<tr>
<td><strong>Obesity (BMI &gt;25)</strong></td>
<td>27%</td>
<td>33%</td>
<td>0.002</td>
</tr>
<tr>
<td><strong>Chronic medical therapy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Aspirin</strong></td>
<td>46%</td>
<td>54%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td><strong>Beta blockers</strong></td>
<td>40%</td>
<td>47%</td>
<td>0.001</td>
</tr>
<tr>
<td><strong>Lipid lowering agents</strong></td>
<td>26%</td>
<td>58%</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>
In hospital complications

Primary PCI in women with STE

- ARF
- Asystole
- Cardiogenic shock
- Pulmonary edema
Discharge prescriptions in early vs. late surveys

(p value <0.01 for all)
Main outcomes

30 Day MACE

1 Year Mortality

(long rank <0.01)
Conclusions

- The rate of women presenting with ACS has declined
- Rates of co-morbidities have increased
- Women have been receiving more guideline based treatment for ACS in recent years, but door to balloon time has not changed significantly
- Changes and progress in the last decade may have resulted in reduced mortality in recent years in women with ACS despite increased frequency of comorbidities