

Young women more likely to die in hospital after STEMI

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Young women with ST-elevation myocardial infarction were less likely to receive life-saving angioplasty and stenting to restore blood flow to blocked arteries than men and also had longer hospital stays and higher rates of in-hospital mortality, according to a study published today in the *Journal of the American College of Cardiology*.

ST-elevation myocardial infarction, or STEMI, is the deadliest form of [heart attack](#) and is caused by a prolonged blockage of blood supply in the heart. Patients recover from these heart attacks most successfully when they receive immediate stenting to restore blood flow.

Previous studies have shown that the hospitalization rates for heart attacks in patients under the age of 60 have not changed in the past decade, but there are few data on the trends in outcomes and methods for restoring blood flow in these younger patients.

Researchers in this study used the Nationwide Inpatient Sample database to examine 632,930 STEMI patients between the ages of 18 and 59 from 2004 to 2011. Women were less likely to have presented with STEMI than men and were also less likely to have been treated to restore blood flow. However, overall trends in angioplasty and stenting increased in both men and women during the study period.

The study also showed that [young women](#) with STEMI died at a higher rate than young men, with 4.5 percent of women in the study dying in the hospital compared to 3 percent of men. Women also had slightly

longer hospital stays than men at 4.35 days versus four days on average. Researchers speculated that men may be more likely than women to die before arriving at the hospital, which might in part explain the higher rate of in-hospital mortality for [younger women](#).

Researchers said there could be several reasons for why younger women were less likely to receive revascularization, including that they are less likely to have chest pain, which could lead to a delayed recognition of STEMI by their doctors. Women also have a two-fold higher risk of bleeding with procedures to restore [blood flow](#) compared to men, which could lead to some women not receiving guideline-specific interventional therapies.

"Despite guidelines directing use of stenting in [heart attack patients](#), younger [women](#) are receiving this life-saving treatment method less than younger men," said Deepak L. Bhatt, M.D., M.P.H., senior author of the study, executive director of interventional cardiovascular programs at Brigham and Women's Hospital and professor of medicine at Harvard Medical School in Boston. "Our research shows that there is a great opportunity and need to improve national heart attack care processes and outcomes and address these sex disparities in providing care to younger heart attack patients."

Provided by American College of Cardiology

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