EVALUATION OF SEX DIFFERENCES IN DISCHARGE MEDICATION PRESCRIPTIONS FOLLOWING ACUTE CORONARY SYNDROME

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Background and Importance

- Current guidelines on acute coronary syndrome (ACS) recommend management that does not differ by patients' sex.
- However, several studies show that, in clinical practice, prescribed discharge medications and dosage do vary by sex, with women being undertreated.

Aim and Objectives

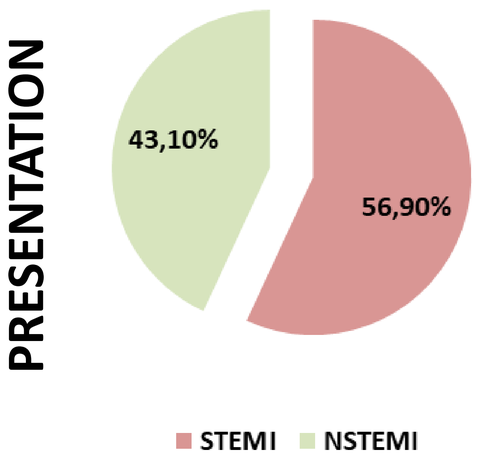
- To evaluate sex-related differences in discharge treatment following acute myocardial infarction.

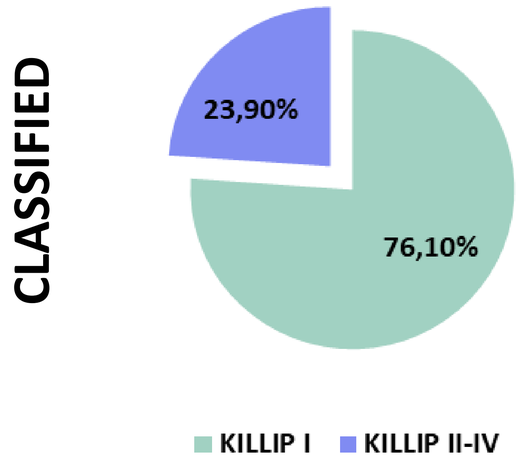
Materials and Methods

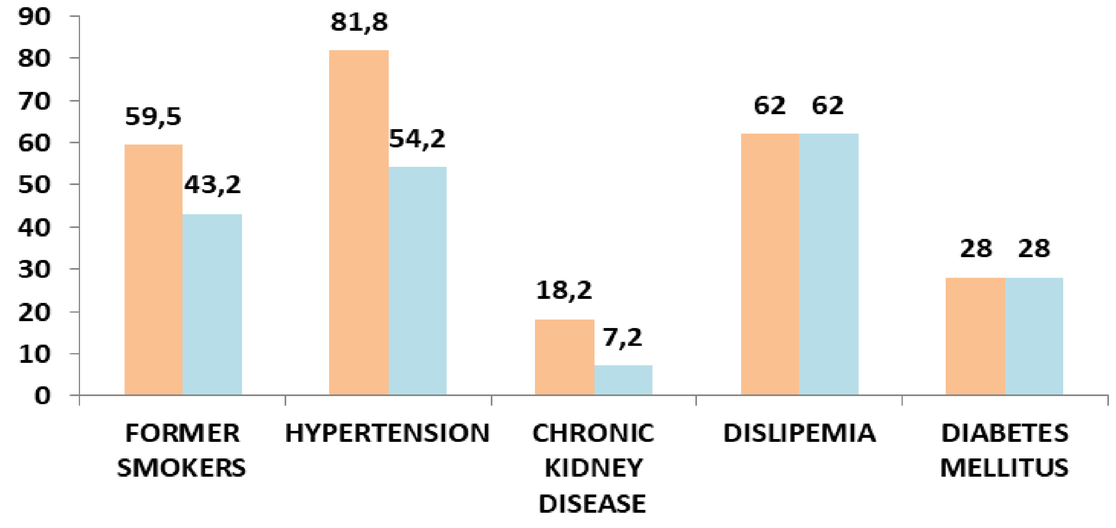
- A retrospective observational study was conducted at a tertiary hospital, including patients diagnosed with acute myocardial infarction (ST-segment elevation myocardial infarction (STEMI) or Non-St-segment Elevation Myocardial Infarction (NSTEMI)) from April-July 2025. Data on demographic, comorbidities, and discharge treatment were collected.

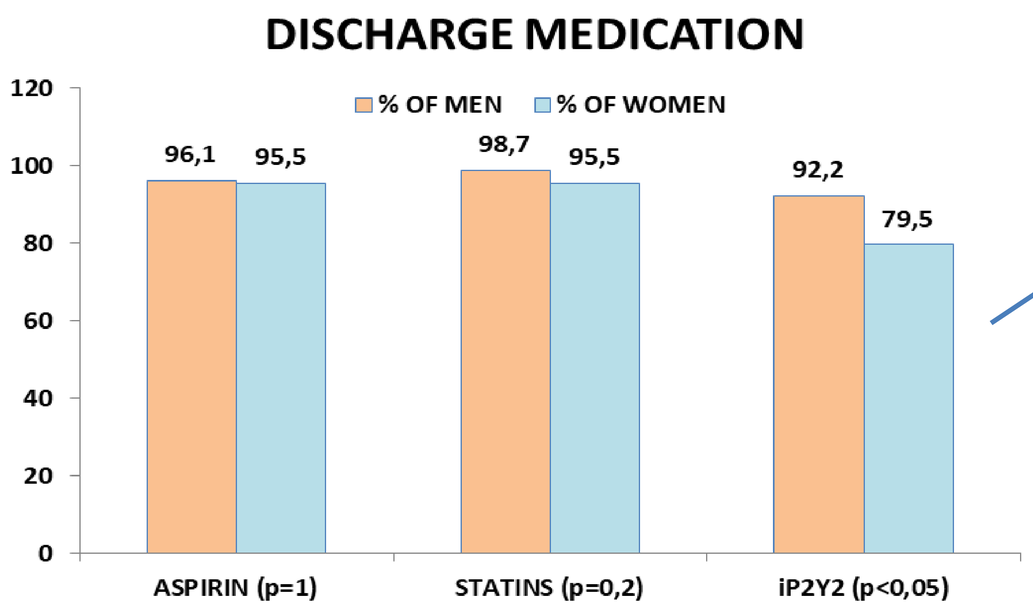
Results

n =197 patients (77.7% male); median (range) age = 63 years (36-92) in men vs 72 years (44-93) in women









Prescribed similarly for both sexes

Prescribed more frequently to men than to women

Initially classified as type I: *n* = 4 women (subsequently reclassified as type II).

Despite having a low bleeding risk according to the CRUSADE score (<30), women received dual antiplatelet therapy in a numerically lower frequency than men (4.58% vs. 9.16%; *p* = 1), however, these differences were associated to a conservative management or coronary artery bypass grafting (CABG) in this group of female patients (9.08% vs. 5.51%; *p* = 0.287).

Among the 12.2% of patients anticoagulated, appropriate therapy (aspirin and/or iP2Y12 + oral anticoagulant) was given to 93.8% of men vs 75% of women, p=0.3.

Conclusion and Relevance

- Although some differences in discharge treatment between men and women were observed, most of these were not statistically significant . The lack of significance may be related to the limited simple size.
- Larger studies are needed to confirm these findings.

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