

Gender Disparities in Health Services Provided for Myocardial Infarction (MI) & Congestive Heart Failure (CHF)

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Background: Myocardial infarction (MI) killed 179,514 people (52.3% men; 47.7% women) in 2002. Women with MI have higher prevalence of risk factors (diabetes, hypertension). End-stage renal disease (ESRD) closely related to hypertension, morbidity rates vary among age, race/ethnicity, and gender. Nearly 5 million people affected by congestive heart failure (CHF), almost half being women. Cigarette smoking, hypertension, and diabetes potent risk factors for CHF in women. Methods: Gender differences across White, Black and Hispanic elderly in the quality of care provided for MI and CHF with diabetes or hypertension/ESRD were investigated.

Data Source: National Acute Myocardial Infarction Project, U.S. Centers for Medicaid & Medicare Services. Quality measures: aspirin and/or beta blocker use within 24 hours of admission and/or prescribed at discharge; ACE inhibitor prescribed at discharge for left ventricular systolic dysfunction; smoking cessation counseling during hospitalization.

Results: Gender comparisons for the MI and MI-diabetes show white women less likely to receive aspirin and beta-blockers. No gender differences among Blacks and Hispanics, but they are less likely to receive aspirin and/or beta-blockers. Differences persist for Hispanic women and men when hypertension/ESRD or diabetes is associated. Black and Hispanic men with MI-diabetes have the lowest smoking cessation counseling rates (16%; 13%). Gender comparisons in both CHF and CHF-hypertension/ESRD show White women less likely to have LVF assessment. Hispanics least likely to have LVF assessment, even if they have diabetes. Hispanics have lower rates of ACE inhibitor therapy even if they have combined CHF-hypertension/ESRD.

Conclusions: Gender, race/ethnicity differences exist in management of MI/CHF. Having diabetes or hypertension/ESRD associated to MI/CHF does not imply better quality care. Cardiovascular care must target gender-specific needs across race/ethnicity.