

Differences in clinical characteristics, management and outcomes between men and women with type 2 myocardial infarction stratified by mechanism of injury

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Objective:

To evaluate whether there are differences in clinical characteristics, management and outcomes between men and women with type 2 myocardial infarction stratified by mechanism of injury.

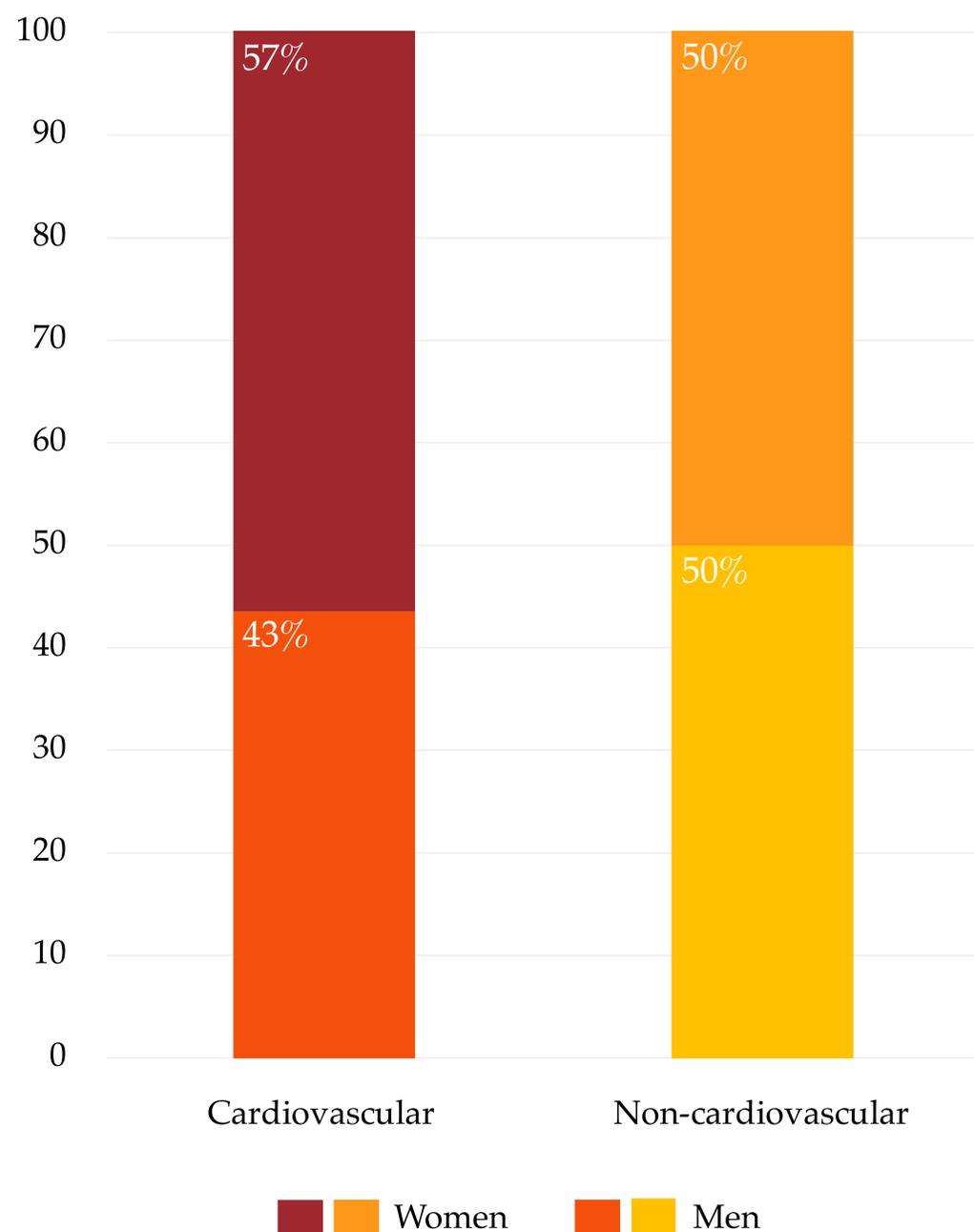
Methods:

A secondary analysis of a stepped-wedge, cluster-randomised controlled trial including patients with the adjudicated diagnosis of type 2 myocardial infarction using the Fourth Universal Definition of Myocardial Infarction from 10 hospitals in Scotland between 2013 and 2016. Patients were grouped based on their mechanism of injury into a cardiovascular and non-cardiovascular group.

Results:

- There were 1115 patients in the final study population.
- The proportions of women and men with a cardiovascular or non-cardiovascular mechanism were similar (57% vs 43% with a cardiovascular mechanism and 50% vs 50% with a non-cardiovascular mechanism respectively).
- In the cardiovascular group, men were younger than women (73 years vs 79 years; $p < 0.001$) but had more cardiovascular comorbidity. There were no differences in clinical characteristics in the non-cardiovascular group.
- In the cardiovascular group men were more likely than women to be prescribed a new beta-blocker (27% vs 21%; $p = 0.045$) and be discharged on a statin (66% vs 58%; $p = 0.022$), and in the non-cardiovascular group men were more likely to be prescribed a new proton pump inhibitor (12% vs 4%; $p = 0.018$).
- We observed no differences in clinical outcomes between men and women according to mechanism of injury.

Proportion of women and men with a cardiovascular or non-cardiovascular mechanism of injury



Conclusions:

There is some variation in clinical characteristics and management between men and women with type 2 myocardial infarction according to mechanism of injury, particularly those with a cardiovascular mechanism, however the sex differences seen in outcome in type 1 myocardial infarction are not evident.