

Gender disparities seen in care for younger patients with ASCVD

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(HealthDay)—Women with premature or extremely premature

atherosclerotic cardiovascular disease (ASCVD) receive less optimal secondary prevention cardiovascular care than men, according to a study published online April 21 in *JAMA Cardiology*.

Michelle T. Lee, M.D., Pharm.D., from the Michael E. DeBakey VA Medical Center Health Services Research and Development Center for Innovations in Quality, Effectiveness, and Safety in Houston, and colleagues used data from patients enrolled in the Veterans With Premature Atherosclerosis registry to evaluate sex-based differences in secondary prevention care and [statin](#) adherence in patients with premature (an ASCVD event at 55 years or younger) and extremely premature (40 years or younger) ASCVD. The analysis included 10,413 [women](#) and 137,187 men with premature ASCVD and 1,340 women and 8,145 men with extremely premature ASCVD.

The researchers found that among patients with premature ischemic heart disease, women received less antiplatelet (adjusted odds ratio [aOR], 0.47), statin (aOR, 0.62), and high-intensity statin (HIS; aOR, 0.63) [therapy](#) and were less statin adherent compared with men. Results were similar for women with premature ischemic cerebrovascular disease (ICVD) and premature peripheral arterial disease (PAD), with women receiving comparatively less antiplatelet, statin, and HIS therapy. Women with extremely premature ASCVD also received less antiplatelet therapy (aOR, 0.61), statin therapy (aOR, 0.51), and HIS therapy (aOR, 0.45) than men. For premature ICVD, premature PAD, or extremely premature ASCVD, there were no sex-associated differences observed in statin adherence.

"A systematic approach toward health care delivery improvement and patient education is necessary to narrow this health care disparity for women," the authors write.

Several authors disclosed financial ties to pharmaceutical and medical

companies.

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