Gender-related dissociation in outcomes in chronic heart failure: reduced mortality but similar hospitalization in women.

published by Anonymous (not verified) on Tue, 10/08/2013 - 10:39am
Title
Gender-related dissociation in outcomes in chronic heart failure: reduced mortality but similar hospitalization in women.
Publication Type
Journal Article
Year of Publication
2011
Authors
Journal
Int J Cardiol
Volume
148
Issue
1
Pagination
36-42
Date Published
2011 Apr 1
ISSN
1874-1754
Keywords
Adult, Aged, Aged, 80 and over, Chronic Disease, Cohort Studies, Female, Follow-Up Studies, Heart Failure, Hospitalization, Humans, Male, Middle Aged, Sex Factors, Survival Rate, Treatment Outcome, Young Adult
Abstract
BACKGROUND: The impact of gender on major natural history endpoints in heart failure (HF) has not been examined in a propensity-matched study.

METHODS: Of the 7788 chronic systolic and diastolic HF patients in the Digitalis Investigation Group trial 1926 were women. Propensity scores for female gender were used to assemble a cohort of 1669 pairs of men and women who were well-balanced on 32 measured baseline characteristics. Matched hazard ratios (HR) and 95% confidence intervals (CI) for outcomes associated with female gender were calculated using stratified Cox regression models.

RESULTS: All-cause mortality occurred in 36% (rate, 1256/10,000 person-years) and 30% (rate, 1008/10,000 person-years) of matched men and women respectively during 5 years of follow up (HR when women were compared with men, 0.82, 95% CI, 0.72-0.94, P=0.004). Female gender was also associated with reduced cardiovascular mortality (matched HR, 0.85; 95% CI, 0.73-0.99, P=0.037) and a trend toward reduced non-cardiovascular mortality (matched HR, 0.73; 95% CI, 0.53-1.00; P=0.053). All-cause hospitalization occurred in 67% (rate, 4003/10,000 person-years) and 65% (rate, 3762/10,000 person-years) matched male and female patients respectively (HR for women, 1.03, 95% CI, 0.93-1.15, P=0.538). Female gender was not associated with cardiovascular or HF hospitalization but was
associated with hospitalization due to unstable angina pectoris (matched HR, 1.38; 95%CI, 1.11-1.72; P=0.003) and stroke (matched HR, 0.65; 95%CI, 0.46-0.92; P=0.014).

**CONCLUSIONS:** In patients with chronic HF, female gender has a significant independent association with improved survival but has no association with all-cause, cardiovascular, or HF hospitalizations.

DOI 10.1016/j.ijcard.2009.10.019
Alternate Journal Int. J. Cardiol.
PubMed ID 19939481
PubMed Central ID PMC2888923
Grant List R01 HL085561-04 / HL / NHLBI NIH HHS / United States
R01 HL097047-01 / HL / NHLBI NIH HHS / United States
R01-HL085561 / HL / NHLBI NIH HHS / United States
R01-HL097047 / HL / NHLBI NIH HHS / United States