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## Gender difference in mortality after acute myocardial infarction. Does later call for help in women define survival?

### Abstract: P5592

#### Gender difference in mortality after acute myocardial infarction. Does later call for help in women define survival?

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**Aims:** Women may have worse survival after myocardial infarction (AMI). Risk factors and delays to intervention may be different between genders. We aimed to investigate the influence of time-delays on survival among percutaneous coronary intervention (PCI) treated STEMI cases in a nation-wide AMI registry.

**Methods and results:** Between March 1, 2013 and March 1, 2015, we collected clinical characteristics of PCI treated STEMI cases from the interventional cardiology centers of Hungary. The risk of all-cause mortality at 1 year were compared between genders. Risk factors were analyzed in univariate and age balanced bivariate Cox regression models. Importance of delays from pain onset to intervention were analyzed in the entire cohort as well as after propensity score (PS) matching.

A total of 7726 patients with STEMI were registered. (37% female). Times till balloon inflation were longer in women with STEMI (mean difference (MD) 3.8±1.7 hours, p<0.05) dominated by longer prehospital delay (MD: 2.4±1.1 hours, p<0.05). Unadjusted mortality risk was higher among women Hazard Ratio: 1.51, p<0.001. However, this difference disappeared if age was included in the model (HR 0.97 p=0.66 for female gender, HR: 1.95 p<0.001 for age).

Furthermore, in the PS matched sample balanced for major risk factors (n=4972), the time to intervention and prehospital delay were not significantly different (p=0.13 and p=0.05, respectively) and female gender was not significantly associated with mortality (HR 1.0 p=0.9 for female gender, HR 2.00 p<0.01 for age)

**Conclusions:** Data from nation-wide registry of acute MI patients does not support existence of a significant gender difference in time to intervention. Apparent higher mortality of women in non-balanced sample may be explained by different age and clinical risk profile of female cases.