

Men, women get equal care with Get With The Guidelines

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Women received nearly the same quality of care as men at hospitals using the American Heart Association's Get With The Guidelines® - Heart Failure program, according to a study reported in *Circulation: Heart Failure*, an American Heart Association journal.

The study also found that women were no more likely to die in the hospital than men.

"We've previously had little data on the quality of care women hospitalized with heart failure receive in the hospital and we had no idea if they were receiving the same quality of care as men," said Liviu Klein, M.D., M.S., lead author of the study and a cardiologist at Northwestern Memorial Hospital in Chicago. "We're happy to find that for the most part they are."

Nearly six million Americans suffer from heart failure, a condition in which the heart doesn't pump blood as well as it should. Women account for half of this patient population and for about half of the hospital admissions for heart failure.

Researchers looked at records of 99,841 patients treated for heart failure between January 2005 and June 2009 at 247 hospitals participating in Get With The Guidelines - Heart Failure program.

They calculated each hospital's use of measures that can improve a patient's quality of care and outcome and found that women were as

likely as men to receive:

- written discharge instructions, including activity level, diet, follow-up appointment, weight monitoring and what to do if symptoms worsen;
- medication for left ventricular systolic dysfunction, specifically angiotensin-converting enzyme inhibitors, angiotensin receptor blockers or beta blockers; and
- smoking cessation counseling.

Men and women also had the same chance - about 3 percent - of dying in the hospital. But women were less likely than men to receive:

- [blood-thinners](#) for an irregular heartbeat, known as atrial fibrillation;
- measurement of how well the heart pumps out blood, known as ejection fraction;
- implantable cardioverter defibrillators (ICDs) to detect and correct an abnormal fast heartbeat.

Women admitted for heart failure were generally older than men, (average age 74 vs. 69), more likely to have hypertension (77 percent vs. 72 percent) and less likely to have coronary disease (44 percent vs. 53 percent) or renal insufficiency (18 percent vs. 23 percent).

Although less than a quarter of patients admitted with [heart failure](#) had procedures performed during their hospital stay, women were significantly less likely than men to undergo any procedure (18 percent vs. 25 percent).

Underuse of blood thinners for atrial fibrillation is a concern because

women have a higher risk for stroke, a serious complication of atrial fibrillation, said Klein, who is also an assistant professor at Northwestern University Feinberg School of Medicine

"But there's nothing apparent from our study as to why women were less likely to receive any of these treatments," he said. "We also aren't sure why women had a 10 percent higher chance of being hospitalized for more than a week. The gender gap for this and other measures will require further study."

The overall findings highlight a bigger problem: Although the use of quality of care measures improved continuously for men and women over the study's five years, even men didn't always receive the recommended blood thinners for [atrial fibrillation](#) or ICDs. About two-thirds of men received blood thinners and fewer than half received ICDs.

"Our ongoing analyses of the more than 3.5 million patient records in the Get With The Guidelines database offers proof that quality improvement programs lead to better care and patient outcomes," said Lee H. Schwamm, M.D., chair of the Get With The Guidelines National Steering Committee and director of the TeleStroke and Acute Stroke Services at Massachusetts General [Hospital](#) in Boston, Mass. "Healthcare providers can easily see how programs like Get With The Guidelines can improve overall care, identify any gender or ethnic disparities in care delivery in their own practices, and help them find solutions to eliminate them."

Provided by American Heart Association

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