

## Women are treated less frequently than men with statins, aspirin and beta-blockers

4 March 2008

Women and men experience a similar prevalence of adverse drug reactions in the treatment of coronary artery disease; however, women are significantly less likely than their male counterparts to be treated with statins, aspirin, and betablockers according to a new study by researchers at Rush University Medical Center. The study is published in the March issue of the journal *Gender Medicine*.

"Developments in disease recognition and novel treatment strategies have led to a significant decline in overall cardiovascular death rate among men, but these dramatic improvements have not been observed in women," said Dr. Jonathan R. Enriquez, lead author of the study and resident internal medicine physician at Rush. "This may be related to underutilization of medical therapies such as aspirin, ß-blockers, ACE inhibitors or statins."

In association with Dr. Annabelle Volgman and the Rush Heart Center for Women, the study involved 304 consecutive patients with coronary artery disease at the outpatient cardiology clinic at Rush. A retrospective observational analysis was performed to determine the usage and adverse reactions reported from aspirin, \(\mathcal{B}\)-blockers, angiotensin-converting-enzyme (ACE) inhibitors or statins. Baseline clinical characteristics were also determined to identify the independent association of gender on usage of standard medical coronary artery disease treatments.

The study found that only 78.1 percent of women were treated with statins compared to 90.8 percent of men. After adjustment for clinical characteristics, men were also found to be six times more likely to receive aspirin and beta-blockers. No significant difference was noted between genders in the prevalence of adverse drug reactions

"The physician's perception of either anticipated adverse drug reactions or less severe disease may

be influencing their decision to not prescribe these medications for women," said Enriquez. "We encourage further studies to identify the cause of this disparity, so that care for women with coronary artery disease may be optimized."

Coronary artery disease is the leading-cause of death among women in the United States and annually since 1984 the number of cardiovascular-related deaths in women has exceeded that of men. Women may not only suffer from decreased survival with coronary artery disease, but may also experience a worse quality of life than men.

"Given the findings of this study and other studies documenting the underutilization of current medical therapies in women, we must consider potential solutions to improve care of all patients during the outpatient visit," said Enriquez.

Source: Rush University Medical Center



APA citation: Women are treated less frequently than men with statins, aspirin and beta-blockers (2008, March 4) retrieved 11 October 2022 from <a href="https://medicalxpress.com/news/2008-03-women-frequently-men-statins-aspirin.html">https://medicalxpress.com/news/2008-03-women-frequently-men-statins-aspirin.html</a>

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