Abstracts

684 Sex Differences in Guideline Directed Medication Usage and Adherence to Medications After PCI: From the GenesisCare Outcomes Registry

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Introduction: Compliance to medications is crucial to outcomes after percutaneous coronary intervention (PCI). We sought to review sex differences in the use of guideline directed medications at discharge and during 1-year follow up after PCI from the multicenter prospective GenesisCare Outcomes Registry (GCOR) dataset.

Methods: From the GCOR multicenter Australian dataset we assessed discharge medications and compliance to medications over 1-year follow up in men and women.

Results. Out of 10,959 patients including 2500 (22.8%) women and 8456 (77.2%) men, women received less ASA (96.8% vs. 97.8%, p<0.01). Despite undergoing PCI more often for ACS, women were less likely to receive ticagrelor (16.7% vs. 20.3%) or prasugrel (3.4% vs. 7.2%), p<0.01 for both. Women received statins less often (91.3% vs. 94.2%, p<0.01) and showed a trend for less ACEI/ARB use (67.3% vs. 69.2%, p=0.067) without differences in use of beta blockers (58.7% vs. 58.1%) at discharge. At 1-year women received lower rates of nearly all guideline directed medications than men (Table).

1-year adherence Women Men p-value
ASA 1669 (88.9%) 5876 (91.5%) <0.001
P2Y12 inhibitor 1251 (64.0%) 4409 (66.6%) 0.034
Statin 1668 (88.9%) 5976 (93.3%) <0.001
ACEI/ARB 1239 (63.4%) 4439 (67.1%) 0.003
Beta blockers 957 (51.3%) 3056 (47.9%) 0.009

Conclusion: Women comprise nearly a quarter of patients undergoing PCI but received significantly lower rates of ASA and potent P2Y12 inhibitors at discharge. At 1-year women received lower rates of nearly all guideline directed medications, which warrants further study on the role of under-prescription vs. poor adherence.

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685 Sex Differences in Medication Use After PCI in ITDM versus non-ITDM Patients: From the GenesisCare Outcomes Registry

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Introduction: Whether guideline directed medication use and adherence varies by insulin treated diabetes mellitus (ITDM) compared to non-ITDM in women and men has not been previously reported.

Methods: From the GenesisCare Outcomes Registry we assessed discharge medications and compliance to medications over 1-year follow up in men and women by ITDM status.

Results. A total of 624 women and 2031 men with diabetes mellitus underwent PCI during the study period, with 99% follow-up at 1-year. Women with ITDM vs. non-ITDM received similar rates ASA, ticagrelor, statins and beta-blockers, higher rates of clopidogrel or prasugrel and lower rates of ACEI/ARB. Men with ITDM vs. non-ITDM received lower rates of ASA and statins, similar rates of P2Y12 inhibitors and higher rates of ACEI/ARB. At 1-year ITDM men continued to receive lower rates of statins but received beta-blockers more often than non-ITDM counterparts. Although there were no differences in guideline directed medication use by ITDM status at 1-year in women, rates were lower than in men (Table).

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASA</td>
<td>1669(88.9%)</td>
<td>5876(91.5%)</td>
<td>&lt;0.001</td>
</tr>
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<td>P2Y12 inhibitor</td>
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</table>

Conclusion: In this analysis from the GCOR dataset we noted important sex differences in discharge medications by ITDM status. At 1-year significant differences in guideline directed treatments were noted by ITDM status in men but not women, however both ITDM and non-ITDM women received lower rates of several medications compared to men.

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