**DIFFERENCES IN THE USE OF CARDIAC PROCEDURES BETWEEN WOMEN AND MEN FOLLOWING HOSPITAL ADMISSION WITH ACUTE MYOCARDIAL INFARCTION: IS THE GAP GETTING NARROWER?**

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Background: Mortality from acute myocardial infarction (AMI) has been reported to be higher among women as compared with men. Use of invasive cardiovascular procedures improves in-hospital outcome. It is unclear whether such procedures are utilized as often in women as in men, and whether in-hospital outcome has improved in the current era.

Methods: We compared the rates of cardiac procedures for 314 women with 724 men hospitalized with acute myocardial infarction.

Results: Of the patients who underwent catheterization, 194 women (60%) underwent revascularization (158 angioplasty, 36 bypass surgery) as compared with 366 (64%) men (352 angioplasty, 106 bypass surgery; p=ns). Age, elevated left ventricular end-diastolic pressure, and co-morbidities were associated with fewer referral for revascularization. Overall in-hospital survival was 82% (84% for men, and 79% for women). Significant univariate predictors of survival included revascularization, ejection fraction (EF), cardiac output, age, number of diseased vessels, systolic blood pressure of <90 mm Hg at presentation, and history of MI were inversely associated with survival. Revascularization (p<0.001) and EF (p<0.01) showed the strongest association with survival; Age (p<0.05) and initial systolic blood pressure <90 mm Hg (p<0.05) were inversely related to survival. Gender showed no significant difference in the rate of referral for revascularization, or survival rate.

Conclusions: Women hospitalized with AMI currently undergo invasive cardiovascular procedures nearly as often as men. Since the most important predictor of survival is revascularization, increased use of cardiac procedures now explains the improved outcome noted in women, and the gap appears to be getting narrow.