



GENDER DISPARITIES IN CARDIOVASCULAR CARE ACCESS AND DELIVERY IN INDIA: INSIGHTS FROM THE AMERICAN COLLEGE OF CARDIOLOGY'S PINNACLE INDIA QUALITY IMPROVEMENT PROGRAM (PIQIP)

Moderated Poster Contributions

Prevention Moderated Poster Theater, Poster Area, South Hall A1

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Session Title: Registries and Big Data: Informing Practices in CVD Prevention

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Background: Limited data are available to assess whether access to and quality of cardiovascular disease (CVD) care are comparable among men and women in India. We analyzed data from the American College of Cardiology's PINNACLE (Practice Innovation and Clinical Excellence) India Quality Improvement Program (PIQIP) to evaluate gender disparities in CVD care delivery.

Methods and Results: Between 2011-2015, we collected data on performance measures for patients with coronary artery disease (CAD) (n=14,010), heart failure (HF) (n=11,965) and atrial fibrillation (AF) (n=496) in PIQIP, among 17 participating practices. The total number of women was 5,301 (20.0%). Women had fewer patient encounters compared to men (2.59 vs. 2.82, p<0.001). Women were significantly younger (48.9 years vs. 51.5 years, p<0.001), but had a higher co-morbidity burden compared to men - hypertension (62.0% vs. 45.6%, p<0.001), diabetes (39.4% vs. 35%, p<0.001), and hyperlipidemia (3.7% vs. 3.1%, p=0.19). On the contrary, the medication prescriptions were strikingly lower in women with CAD compared to men - aspirin (38% vs. 50.4%, p<0.001), aspirin or thienopyridine combination (46.9% vs. 57.2%, p<0.001), and beta-blockers (36.8% vs. 47.8%, p<0.001). Similarly, among women with ejection fraction < 40%, the use of guideline-directed medical therapy was significantly lower compared to men for beta-blockers (30.8% vs. 37.0%, p<0.001), angiotensin-converting enzyme inhibitors (ACE-i) or angiotensin receptor blockers (ARBs) (29.3% vs. 34.9%, p<0.001), and beta-blockers/ACE-i or ARBs (24.6% vs. 31.0%, p<0.001). Among patients with atrial fibrillation and CHADS2 score ≥ 2, more women were on oral anticoagulation (19.6% vs. 14.6%, p=0.34), although this was not significantly different, and the overall number of patients with atrial fibrillation was low.

Conclusions: Despite a significantly higher co-morbidity burden in women, we found fewer women receiving guideline-directed medical therapy for CVD compared with men. If such disparities are confirmed in the larger Indian population, it is important to find potential causes for, and seek solutions to narrow the gap.