

16th World Cardiology Congress

December 08-10, 2016 Dubai, UAE

Post coronary artery bypass graft (CABG) survival up to development of cardiac events

Nadeeja Himanthi Gamalath Seneviratne
National Hospital of Sri Lanka, Sri Lanka

CABG is one of the treatment options for the patients with multi vessel coronary artery disease. This study was aimed to describe survival up to occurrence of cardiac events and factors associated with them among the CABG patients attending to cardiology clinics at NHSL. Retrospective analytical study was carried out among the patients who had undergone CABG during 2004 to 2009. Cardiac event was defined as occurrence of any condition namely; unstable angina (UA), ST elevated myocardial infarction (STEMI), non ST elevated myocardial infarction (NSTEMI) and heart failure (HF) following the 12 months of CABG. The sample (n=421) consisted of 74.6% males and mean age was 63.16 years (SD=7.86). Among them UA (13.3%), STEMI (0.5%), NSTEMI (3.1%) and heart failure (8.6%) were detected. Kaplan-Mayer analysis revealed the probability of survival at five years was 0.796 (CI 0.781-0.871) and 10 year was 0.581 (CI 0.516-0.688). According to the Cox Regression models males had 0.53 (95% CI 0.323-0.863) higher risk compared to females. Cardiac diagnosis led to CABG was significantly associated with cardiac events. STEMI had age and sex standardized hazard ratio of 1.845 (CI=0.926-3.699) while for NSTEMI it was 1.214 (CI=0.593-2.484). Though the survival of CABG patients was satisfactory, females and patients with STEMI and NSTEMI prior to CABG have higher likelihood of developing cardiac events. CABG could be recommended as a good treatment option and need of close follow up of high risk patients is emphasized.

nadeejaseneviratne@yahoo.com

Gender difference in ischemic heart disease

Olivia Manfrini
University of Bologna, Italy

Scientific interest in ischemic heart disease (IHD) in women has grown over the past two decades. A substantial amount of the literature on this subject is centered on sex differences in clinical aspects of IHD. Many reports have documented sex-related differences in presentation, risk profiles and outcomes among patients with IHD, particularly acute myocardial infarction. Such differences have often been attributed to inequalities between men and women in the referral and treatment of IHD. The determinants of sex differences in presentation are unclear. Some evidences are available as to why young, premenopausal women paradoxically have a greater incidence of adverse outcomes after acute myocardial infarction than men, despite having less-severe coronary artery disease. Other study underline possible difference in the coronary anatomy (women often have more severe microvascular dysfunction), and in pathophysiological causes for chronic and acute presentation of IHD. Differential treatment on the basis of patient sex continues are described. The extent to which such inequalities persist and whether they reflect true disparity is under scrutiny. Additionally, much uncertainty surrounds possible sex-related differences in response to cardiovascular therapies, partly because of a persistent lack of female-specific data from cardiovascular clinical trials.

Recent Publications:

1. Cenko E, Ricci B, Kedev S, Vasiljevic Z, Dorobantu M, Gustiene O, Knežević B, Miličić D, Dilic M, Manfrini O, Koller A, Badimon L and Bugiardini R (2016) Invasive versus conservative strategy in acute coronary syndromes: The paradox in women's outcomes. *Int J Cardiol* 222:1110-5.
2. Ricci B, Cenko E, Varotti E, Puddu PE and Manfrini O (2016) Atypical chest pain in ACS: A trap especially for women. *Curr Pharm Des.* 22:3877-84.
3. Vaccarino V1, Badimon L, Corti R, de Wit C, Dorobantu M, Manfrini O, Koller A, Pries A, Cenko E and Bugiardini R (2013) Presentation, management and outcomes of ischaemic heart disease in women. *Nat Rev Cardiol* 10:508-18.

olivia.manfrini@unibo.it