Research

Association of Sex With Outcomes in Patients Undergoing PCI

Women experience worse ischemic and bleeding outcomes after percutaneous coronary intervention (PCI). In a prespecified subgroup analysis of the GLOBAL LEADERS randomized clinical trial, Chichareon and coauthors assessed the association of sex with efficacy and safety of 2 antiplatelet strategies after PCI: 1 month of dual antiplatelet therapy followed by 23 months of ticagrelor monotherapy vs 12 months of dual antiplatelet therapy followed by 12 months of aspirin monotherapy. Compared with 12,254 men, 3,714 women experienced higher risk of bleeding and hemorrhagic stroke. Ticagrelor monotherapy was associated with a lower bleeding risk in men but not in women. The effect of 2 antiplatelet strategies on death and Q-wave myocardial infarction following PCI did not differ between the sexes at 2 years.

Sex Differences in Cardiometabolic Traits in HFpEF

Sex differences in heart failure with preserved ejection fraction (HFpEF) are established, but insights into the mechanisms of these differences are limited. Lau and coauthors examined sex differences in cardiometabolic profiles and exercise hemodynamic profiles among 121 men and 174 women who met hemodynamic criteria for HFpEF based on invasive cardiopulmonary exercise testing. Compared with men, women with HFpEF had fewer co-morbidities, including diabetes, insulin resistance, and hypertension, and a more favorable adipokine profile. Exercise capacity was similar in men and women, but women had distinct deficits in components of the oxygen pathway, including worse biventricular systolic reserve, diastolic reserve, and peripheral oxygen extraction.

Association of Pulmonary Hypertension With TMVr Outcomes

Pulmonary hypertension is associated with increased risk of mortality after mitral valve surgery for mitral regurgitation, but its association with outcomes after transcatheter mitral valve repair (TMVr) is unknown. Al-Bawardy and coauthors analyzed outcomes of 4,071 patients who underwent TMVr with a commercial clip device in 232 US institutions participating in the Society of Thoracic Surgery/American College of Cardiology Transcatheter Valve Therapy registry. The composite rates of 1-year mortality and heart failure readmissions for heart failure in those with mild, moderate, and severe pulmonary hypertension (32.4%, 36.0%, and 45.2%, respectively) were higher than in those without pulmonary hypertension (27.8%). Similarly, 1-year mortality increased progressively with severity of pulmonary hypertension.

Mortality in Patients With HCM vs the General Population

Whether hypertrophic cardiomyopathy (HCM) conveys excess mortality risk when compared with the general population remains controversial. Lorenzini and coauthors assessed survival of 4,893 consecutive adult patients referred to 7 European HCM centers. During a median follow-up of 6.2 years, 721 patients (14.7%) reached the composite end point of all-cause mortality, aborted sudden cardiac death, and heart transplant. Compared with the general population, HCM conferred excess mortality throughout the age spectrum, which was higher in women. In an Invited Commentary, Rakowski notes caution in interpreting data from referral centers, as most individuals with HCM are either not seen in a major HCM center or remain undiagnosed, with significant but lower risk.

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