Different prescription rates between men and women with cardiovascular disease
Can a disease management program close the gap?

Introduction, Research questions
To improve secondary prevention of CVD, a disease management program (DMP) for CVD was established in ambulatory health care in Germany in 2004. Did prescription rates in the DMP increase over time? Did pre-existing differences in prescription rates between genders decrease over time?

Methods
2008 vs. 2017 n Mean age in yrs. % male Mean n CABG/PCI Analyses: cross sectional, logistic regression models, Covariates: age

Results
Fig. 1 and 2: Prescription rates in 2008 and 2017
Fig. 3: Predictors of prescription in 2017
Fig. 4: Prescription rates in 2017 by age
Fig. 5: Incidence of endpoint by cohort (patients ≥ 76 yrs.)
Fig. 6: Predictors of discontinuous participation

Conclusions
Secondary prevention of CVD improved during DMP participation. Differences in prescription rates between men and women showed a decreasing trend but did not vanish. However, women had a smaller risk with regard to incidence of myocardial infarction, heart failure, and stroke as well as discontinuous participation in DMP or death.

Fig. 3
Fig. 4
Fig. 5
Fig. 6

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Dr. Christine Macare, Central Research Institute (Zentralinstitut)
Sedanstr. 10–16, 50668 Cologne, Germany
Phone: +49 221 7763 6760, Mail: cmacare@zi.de