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	2017
n	186 599	254 588
Mean age in yrs.	70.2 ± 10.3	72.3 ± 11.2
% male	63.2	63.9
Region	North Rhine, Germany	

Analyses: cross sectional, logistic regression models, Covariates: age In years, DMP participation in years, presence of CV comorbidities or CABG/PCI

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. 1

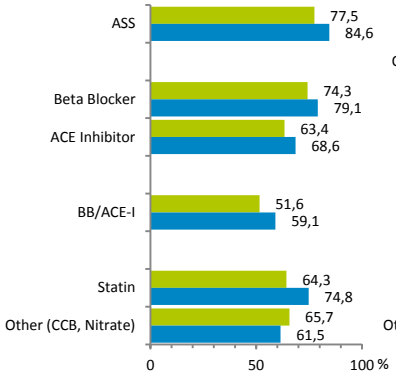


Fig. 2

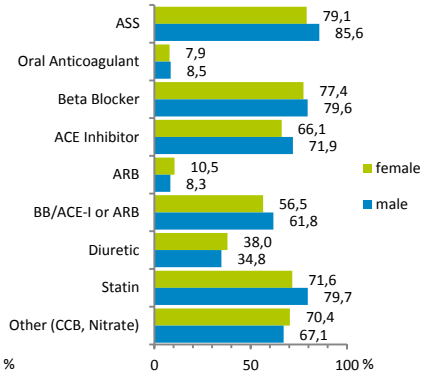
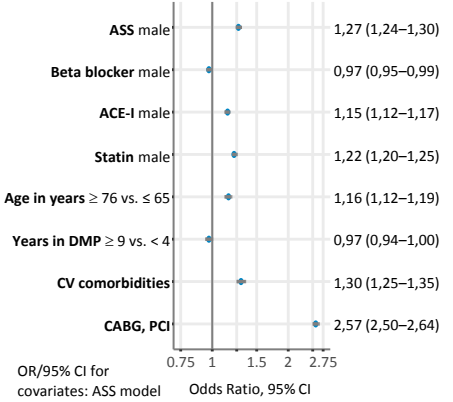


Fig. 3



OR/95% CI for covariates: ASS model

Fig. 4

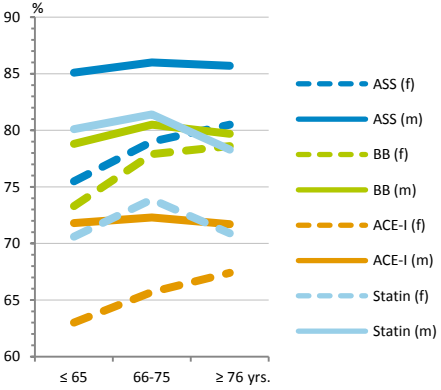
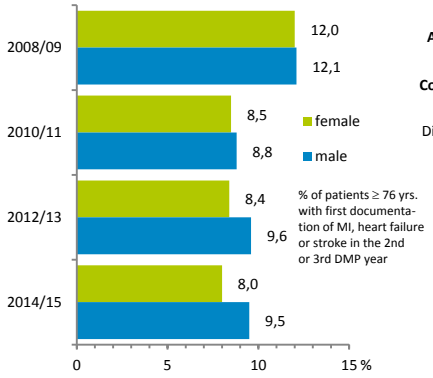
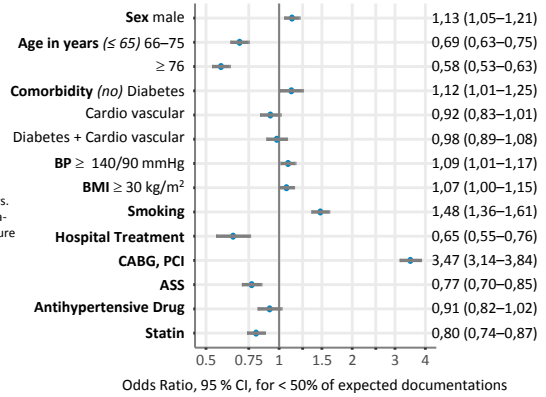


Fig. 5



% of patients ≥ 76 yrs. with first documentation of MI, heart failure or stroke in the 2nd or 3rd DMP year

Fig. 6



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