Gender Bias in Acute Myocardial Infarction

The article describing a gender gap in the management of acute myocardial infarction by Kudenchuk et al[1] understates the problem. It has been widely reported in the past that there is a gender gap in the elective management of chest pain and in the recovering phase of acute myocardial infarction. Kudenchuk et al state that they add the finding that this gender gap extends into the acute phase as well. It is important to note, however, that their findings of a gender gap in the acute management of myocardial infarction are not new, but rather confirm previous studies.

In 1992, we reported that women presenting to St. Louis metropolitan emergency departments with nonpleuritic nontraumatic chest pain experienced a significant delay in the time to initial electrocardiogram and physician evaluation.[2] This finding of a delay in time to initial electrocardiogram was confirmed in a study of emergency departments in Michigan.[3] We also found that women with acute myocardial ischemia were significantly more likely to be admitted to telemetry instead of an intensive care unit. This finding was also confirmed in a subsequent study performed in Michigan.[4] The study by Kudenchuk et al adds further confirmation by showing a gender gap in Seattle metropolitan hospitals as well.

Taken together, it is becoming clear that there is a true gender bias in the management of acute myocardial infarction. Multiple studies performed across the nation make it clear that we need to do a better job.

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