Prevalence of Obstructive CAD among Filipino Women Diagnosed with STEMI, NSTEMI, and Unstable Angina, and its Associated Risk Factors: Findings from the Philippine ACS Registry

Lisa Marie Beltejar
Maria Adelaida Iboleon-Dy
Imelda Caole-Ang

Introduction: CAD now is no longer considered a disease that just affects men. CAD significantly causes death in women. There are only few published articles on Filipino cardiovascular health. The severity of CAD patients is not known in the Philippines. To date, no study in published literature has investigated the prevalence of obstructive CAD among Filipino patients diagnosed with ACS and its risk factors, and this is the pilot study. The objectives of the study are to determine the prevalence of obstructive CAD among Filipino women and categorize them as STEMI, NSTEMI, and Unstable Angina, and to determine the risk factors associated with ACS among Filipino women in terms of age, smoking history, and co-morbidities in comparison to Filipino men.

Methods: This is a cross-sectional study performed between November 2011 to September 2015, with subjects at Philippine ACS Registry of the Philippine Heart Association. Target population was Filipino patients who were admitted of ACS diagnosis with a chief complain of angina or anginal equivalents. Total participants were 3,346. The inclusion criteria were all Filipino patients, 18 years old and above, who were admitted with ACS diagnosis at admission and subsequently underwent cardiac catheterization. None were excluded. Data collection was performed which consists of demographic profile such as sex, age, smoking history, comorbidities, medical management, cardiac procedures, and mortality.

Result: The sample size in the study period was composed of 3,346 patients, of whom 68.4% (2,287) were males and 31.6% (1,059) were females. 34.9% (1,169) patients underwent cardiac catheterization, 74.1% (867) were males and 25.8% (302) were females. All female patients, who underwent cardiac catheterization, whether diagnosed with STEMI (133), NSTEMI (131) or UA (38), had single or multiple vessel disease. The risk factors of both Filipino men and women patients, which showed statistically significant association to ACS (p<0.05), are age (mean age 59.39 vs 66.60 years), hypertension (73.9% vs 80.5%), diabetes (36.1% vs 42.9%), smoking history (67.8% vs 15.6%), prior MI (11.0% vs 8.6%), previous catheterization (3.5% vs 2.1%), and history of TIA (1.4% vs1.0%).

Conclusion: There is 100% prevalence of obstructive CAD among Filipino women who underwent cardiac catheterization in STEMI, NSTEMI and UA. Filipino women with ACS have more prevalence of hypertension and diabetes, while men have more prevalence of smoking history, prior MI, previous catheterization, and history of TIA. Men diagnosed with ACS are younger than women. The findings from this study is a wake-up call to reiterate the importance of efforts to improve the application of guidelines in practice that could improve IHD outcomes in women because the current guidelines for ACS do not differ by sex.