Women On Heart Transplant List Need Better Care

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Women heart failure patients who are candidates for a transplant have a higher risk of death and morbidity at 1 year than men, researchers found.

After adjusting for age, race/ethnicity, ABO blood group, BMI, diabetes, glomerular filtration rate, pulmonary wedge pressure, inotropes, and support with extracorporeal membrane oxygenation or intra-aortic balloon pumps, women had a 10 percent greater likelihood of being removed from the wait list at one year because of death or comorbidities (95% CI 1.01-1.20, *P*=0.026), according to Alanna A. Morris, MD [1], of Emory University School of Medicine in Atlanta, and colleagues.

However, when Morris and colleagues further adjusted for use of implantable cardioverter defibrillators (ICDs) and ventricular assist devices [2] (VADs), being a woman was no longer significantly associated with removal from the wait list (HR 1.06, 95% CI 0.97-1.15, *P*=0.20), they reported here at the annual meeting of the Heart Failure Society of America [3].

"Higher 1-year mortality for females on the waiting list may be influenced by differential use of ICDs and VADs based on gender," concluded Morris. "These results suggest that more aggressive use of these life-saving therapies in women can eliminate wait-list disparities."

A new set of guidelines issued earlier this year by the International Society for Heart and Lung Transplantation [4] were aimed at improving patient selection for VADs. The guidelines stress that all patients being considered for a VAD should also be evaluated for heart transplantation, "since heart transplantation currently provides superior long-term outcomes."

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