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The clinical profile of women with stable ischemic heart disease in Spain. More effort is needed in secondary prevention. SIRENA study☆

J.M. Gámez[a,f,g,*], T. Ripoll[a,f,g], V. Barrios[b], M. Anguita[c], M. Pedreira[d], I. Madariaga[e], representing investigadores del estudio SIRENA◊

[a] *Servicio de Cardiología, Hospital Son Llàtzer, Palma de Mallorca, Spain*
[b] *Servicio de Cardiología, Hospital Ramón y Cajal, Madrid, Spain*
[c] *Servicio de Cardiología, Hospital Reina Sofía, Córdoba, Spain*
[d] *Servicio de Cardiología, Complejo Hospitalario Universitario de Santiago, Santiago de Compostela, La Coruña, Spain*
[e] *Servicio de Cardiología, Hospital Virgen del Camino, Pamplona, Spain*
[f] *Instituto de Investigación Sanitaria de Palma, Palma de Mallorca, Spain*
[g] *CIBER: CB12/03/30038 Fisiopatología de la Obesidad y la Nutrición, CIBERobn, Instituto de Salud Carlos III, Madrid, Spain*

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KEYWORDS
Ischemic heart disease;
Risk factors;
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Prevalence

Abstract
Objectives: Cardiovascular diseases are the leading cause of death for women, especially ischemic heart disease, which is still considered a man's disease. In Spain, there are various registries on ischemic heart disease, although none are exclusively for women. The objectives of the SIRENA study were to describe the clinical profile of women with ischemic heart disease treated in cardiology consultations, to estimate its prevalence of cardiovascular risk factors and understand its clinical management.
Patients and methods: A multicentre observational study was conducted with a sample of 631 women with stable ischemic heart disease, consecutively included during cardiology consultations. Forty-one researchers from all over Spain participated in the study.
Results: The mean age was 68.5 years. The clinical presentation was in the form of acute coronary syndrome in up to 67.2% of the patients. The prevalence of cardiovascular risk factors was high (77.7% of the patients had hypertension, 40.7% had diabetes and 68% had dyslipidaemia), with 30.7% having uncontrolled hypertension, 78.4% having LDL-cholesterol levels higher than 70 mg/dL and 49.2% having HbA1c levels greater than 7%. The considerable majority

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* Corresponding author.
E-mail address: jmgamez@hsll.es (J.M. Gámez).

◊ See Appendix.

of the patients underwent optimal medical treatment with antiplatelet agents, beta-blockers, renin–angiotensin–aldosterone system blockers and hypolipidaemic agents. Coronary angiography was performed for 88.3% of the patients, and 63.4% underwent percutaneous coronary intervention.
Conclusions: Women with stable ischemic heart disease in Spain initially present some form of acute coronary syndrome and a high prevalence of inadequately controlled cardiovascular risk factors, despite undergoing optimal medical therapy. A high percentage of these women undergo coronary revascularisation. Increased efforts are required for secondary prevention in women with stable ischemic heart disease.

PALABRAS CLAVE
Cardiopatía isquémica;
Factores de riesgo;
Mujer;
Prevalencia

Perfil clínico de la mujer con cardiopatía isquémica estable en España. Son necesarios más esfuerzos en prevención secundaria. Estudio SIRENA

Resumen
Objetivos: Las enfermedades cardiovasculares son la primera causa de muerte en mujeres, particularmente la cardiopatía isquémica, que aún se sigue considerando una enfermedad de hombres. En España hay diversos registros sobre cardiopatía isquémica, aunque ninguno exclusivo de mujeres. Los objetivos de SIRENA fueron describir el perfil clínico de las mujeres con cardiopatía isquémica atendidas en las consultas de cardiología, estimar su prevalencia de factores de riesgo cardiovascular y conocer su manejo clínico y tratamiento.
Pacientes y métodos: Estudio multicéntrico, observacional, con una muestra de 631 mujeres con cardiopatía isquémica estable, incluidas consecutivamente en las consulta de cardiología. Participaron 41 investigadores de toda España.
Resultados: La edad media fue de 68,5 años. La presentación clínica fue en forma de síndrome coronario agudo hasta en un 67,2%. La prevalencia de factores de riesgo cardiovascular fue elevada (77,7% hipertensión, 40,7% diabetes y 68% dislipidemia), con un 30,7% de hipertensión no controlada, un 78,4% con cifras de colesterol-LDL superiores a 70 mg/dL y un 49,2% con HbA1c superior al 7%. La gran mayoría de las pacientes recibían tratamiento médico óptimo con antiagregantes, betabloqueantes, bloqueadores del eje renina–angiotensina–aldosterona e hipolipidemiantes. Se realizó coronariografía en el 88,3% de los casos e intervencionismo coronario percutáneo en el 63,4%.
Conclusiones: La mujer con cardiopatía isquémica estable en España tiene una presentación clínica inicial con alguna forma de síndrome coronario agudo y una elevada prevalencia de factores de riesgo cardiovascular inadecuadamente controlados, pese a recibir terapia médica óptima. Un elevado porcentaje se somete a revascularización coronaria. Son precisos más esfuerzos en la prevención secundaria de las mujeres con cardiopatía isquémica estable.

Background

Cardiovascular disease is the leading cause of death among Spanish women, as is the case for the rest of the Western world.[1,2] Ischemic heart disease (IHD) is still the leading cause of cardiovascular death for both sexes, despite the fact that women develop it less frequently and at a later age than men.[3–5]

Assessing IHD in women is a difficult challenge for clinicians, due to the greater burden of symptoms, many of which are atypical, the higher rate of functional limitations and the lower prevalence of obstructive coronary artery disease when compared with men.[6] Women with IHD also have more adverse events than men with IHD, despite the lower rate of coronary angiographic disease and higher rate of preserved ventricular function.[7]

Despite its severity in women, IHD is still considered ''a man's disease''. However, there has been a shift in recent years on this issue, due to increased sensitivity and concern by practitioners. There are several IHD registries in Spain (PRIAMHO,[8] RESCATE II[9] and CIBAR[10]); however, most do not focus on chronic IHD nor are they exclusive to women. Scientific societies have recommended designing and implementing scientific studies in the field of IHD for women.[11]

The objectives of the Observational Study on Stable Ischemic Heart Disease in Women (*Estudio observacional*