

Are there Gender-based differences in prescribing Statins in Federally Qualified Health care Centers? Evidence from Office-Guidelines Applied to Practice (Office-GAP)

Adesuwa Olomu¹, Nazia Naz Khan, Karen Kelly-Blake, Shilpa Kavuturu, Zhehui Luo
¹ Michigan State University College of Human Medicine, MI, USA

Introduction

- Therapy with 3-hydroxy-3-methylglutaryl coenzyme A (HMG-CoA) reductase inhibitors or statins, has proven to be effective in the prevention of cardiovascular events.
- However, statin therapy continues to be underused.
- Women are significantly less likely to be prescribed statin; and have disproportionately poor prognosis.¹

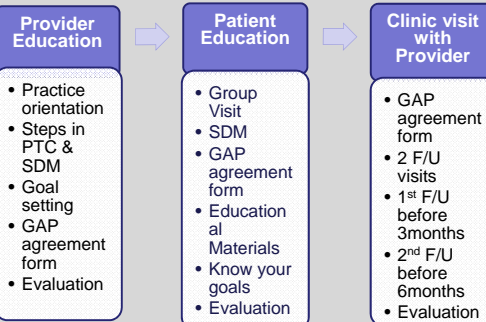
Objective: To explore statin's eligibility and the rate of statin's prescription based on new³ and old² Cholesterol guidelines by gender in Federally Qualified Health Centers (FQHCs).

Methods

The Office-Guidelines Applied to Practice Program (Office-GAP) is a **quasi-experimental, two-center (Intervention/Control) study** designed to improve collaboration between patients and providers and to improve outcomes for low income populations in the outpatient settings.

- Enrolled patients with Diabetes (DM) and Coronary Heart Disease (CHD) between October 2010 and March 2014.

Office-GAP Intervention



PTC: Patient-Centered Method of Communication
 SDM: Shared Decision Making; F/U: Follow Up

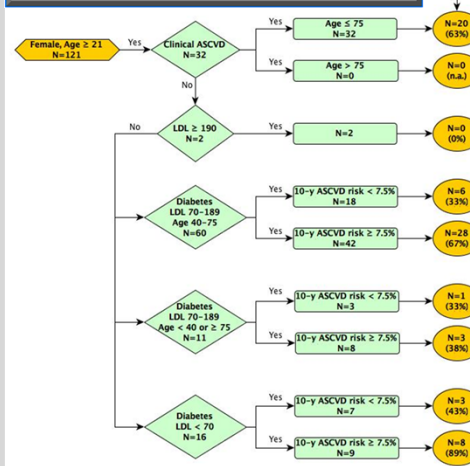
Results

- 206 patients total:
 - 85 Male and 121 females
- 68 had ASCVD (Males = 36; Female =32)
- 135 had Diabetes (Male = 48, Female= 87)

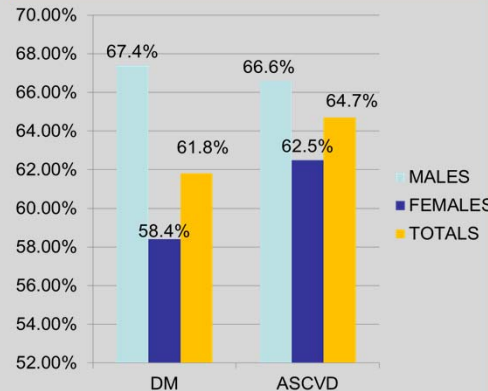
Baseline Characteristics Based On Gender:

	Male (N=85)		Female (N=121)		p-value
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	
Age	58.40	55.97	(11.03)	(11.62)	0.132
BMI	31.35	34.55	(7.15)	(8.05)	0.04
Sum of chronic conditions	3.60	3.50	(1.57)	(1.48)	0.628
	N (%)		N (%)		
White	31 (36.47)		55 (45.45)		0.381
Black	36 (42.35)		41 (33.88)		
Others	18 (21.18)		25 (20.66)		
Hispanic	6 (7.06)		6 (4.96)		0.526
Immigrant	51 (60.00)		72 (59.50)		0.312
Smoker	39 (45.88)		40 (33.06)		0.062

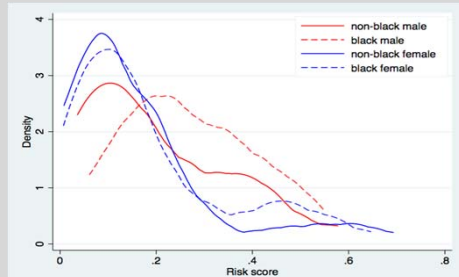
Rates of Statin Prescription in Females



Statin Use Based on New Guidelines



10-year ASCVD Risk Scores- DM



Conclusions

- Our study revealed that under prescription of Statin to both men and women with ASCVD and DM in FQHCs.**
- Under both the old³ and new² guidelines, men with ASCVD and DM were prescribed Statin more than women.
 - There was a significant difference in the distribution of ASCVD risk scores between black diabetic men and women whereas there was no difference between men and women in white and other races.

References

- Redfors B, Angerås O, Råmunddal T, et al. Trends in Gender Differences in Cardiac Care and Outcome After Acute Myocardial Infarction in Western Sweden: A Report From the Swedish Web System for Enhancement of Evidence-Based Care in Heart Disease Evaluated According to Recommended Therapies (SWEDEHEART). *J Am Heart Assoc.* 2015;4(7)
- Goff DC Jr, Lloyd-Jones DM, Bennett G, et al. 2013 ACC/AHA guideline on the assessment of cardiovascular risk: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *Circulation.* 2014;129(suppl 2):S49-S73.
- Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III). *Circulation.* 2002; 106: 3143