History of Pregnancy Cuts Unprovoked VTE Risk

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ORLANDO, FLA. — Having a child cuts the risk of unprovoked venous thromboembolism, according to an epidemiologic study with more than 19,000 women.

Compared with women who were never pregnant, women with a history of at least one pregnancy had a 41% reduced risk of unprovoked VTE in a multivariate model that was adjusted for several potential confounders, Christiana Iyasere, M.D., said at the annual meeting of the American College of Cardiology.

The difference in risk was statistically significant, she said, in a model with more than 19,000 women. The difference in risk was statistically significant, she said, in a model that was adjusted for several potential confounders, including age, body mass index, history of diabetes or hypertension, history of smoking, and exercise activity.

The researchers were surprised to find no apparent link between other measures of endogenous hormone exposure and VTE risk because exogenous hormones, in the form of oral contraceptives and hormone therapy, are proven risk factors for an increased VTE incidence, Dr. Iyasere said.

Early Angiogram Boosts Women’s ACS Outcomes

ORLANDO, FLA. — Early angiography is associated with improved survival in women presenting with acute coronary syndrome, Rasha N. Bazari, M.D., reported at an international conference on women, heart disease, and stroke.

Women who had coronary angiography within 2 days of presenting with ACS had significantly lower 3-year mortality rates than did those who had later procedures (7% vs. 20%), said Dr. Bazari of the Henry Ford Heart and Vascular Institute, Detroit. Angiography beyond 48 hours after presentation was the most significant predictor of mortality, after adjustment for confounding variables (odds ratio 3.7). Marginal predictors of mortality included older age and lower diastolic blood pressure.

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Dr. Bazari and associates reviewed the records of 836 patients (350 women and 486 men) admitted to the hospital in 1997-2000 who underwent angiography during their stay. The study also showed that fewer women than men admitted during the study period underwent early coronary angiography (63% vs. 74%), she noted.

"Gender should not be a reason to delay early angiography," she said.

—Sharon Worcester