

News Release Embargoed until Monday, February 11, 2019, 12:01 a.m. ET

Please credit CMAJ, not the Canadian Medical Association (CMA). CMAJ is an independent medical journal; views expressed do not necessarily reflect those of its owner, Joule Inc., a CMA company, or CMA.

CMAJ headlines:

- Women less likely to receive geriatric care for hip surgery in hospital**
- Managing young women at high risk of heart disease**

Women less likely to receive geriatric care for emergency hip surgery

More than 70% of patients receiving surgery for hip fracture are women, yet they are less likely than men to receive geriatric care during hospitalization, or an anesthesiology consultation before surgery, found a study published in *CMAJ (Canadian Medical Association Journal)*.

Previous studies have shown that older patients who receive geriatric care when hospitalized for hip fracture surgery are less likely to die after surgery and spend less time in hospital, and that anesthesiology consultations can help to avoid cancelled surgeries and may decrease length of stay. For these reasons, both practices are recommended by Health Quality Ontario and the Ontario Ministry of Health and Long-Term Care.

In this study of 22 661 patients aged 66 and older who had emergency hip fracture surgery between 2014 and 2016, 71.3% (16 162) were women. The researchers found that 8% of women received geriatric care compared to 10% of men.

“Overall, we found that geriatric care for these vulnerable hip fracture patients was not routinely provided. However, given that 70% of hip fractures occur in women, and what we know about the positive effect of providing geriatric care to older hip fracture patients, increasing access to this care should be a top priority,” says senior author Dr. Daniel McIsaac, associate scientist and anesthesiologist at The Ottawa Hospital, Ottawa and ICES, Toronto, Ontario. “A person’s sex or gender should not play a role in whether evidence-based care is provided.”

Women from low-income neighbourhoods were also less likely to receive geriatric care than men from similar neighbourhoods. Women with dementia were less likely than men with dementia to receive an anesthesiology consultation before surgery.

The researchers suggest that sociocultural biases may be at play. Another possibility is that men have a higher risk of death after hip fracture surgery than women, which may influence how physicians decide to apply the resources available.

“Understanding that there are issues with sex- and gender-based equality is a first and important step toward improving outcomes,” says Dr. McIsaac.

However, his group suggests that to make sure that women and men have equal, and ultimately increased, access to geriatric care in the future, more research is needed to understand factors driving this inequality and how to address them.

“The association of female sex with application of evidence-based practice recommendations for perioperative care in hip fracture surgery” is published February 11, 2019.

MEDIA NOTE: Please use the following public links after the embargo lift:

Research: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.180564>

Media contact: Amelia Buchanan, senior communications specialist, OHRI, ambuchanan@ohri.ca

Managing young women at high risk of heart disease

Deaths from heart disease have decreased in recent decades, but these decreases have not occurred in women younger than 50. A new review in *CMAJ (Canadian Medical Association Journal)* provides guidance for physicians to identify and manage premenopausal women at high risk of heart disease.

“Addressing cardiovascular health in women younger than 50 years of age requires thinking ‘outside the box’ of traditional risk factors in primary prevention,” says cardiologist Dr. Beth Abramson, St. Michael’s Hospital, and the University of Toronto, Toronto, Ontario, with coauthors.

The review is based on the latest, high-quality evidence published from 2008 to 2018.

Some highlights:

- Diabetes, metabolic syndrome and smoking are stronger risk factors in younger women.
- Younger women with ovarian dysfunction may be at higher risk of cardiovascular disease.
- Early menopause because of surgical or chemical interventions may be a risk factor.
- Pregnancy complications, such as gestational hypertension and preeclampsia, are linked to higher risk of cardiovascular disease.
- There are limited and conflicting data on whether infertility treatments are a risk factor; further research is needed.

“A challenge in risk assessment is addressing the subpopulation at elevated risk within a lower-risk group,” write the authors. “Current risk assessment tools are largely based

on age and traditional risk factors and tend to underestimate risk in certain groups of younger women who are at higher risk.”

The authors suggest that premenopausal women with these risk factors should be screened early for cardiovascular disease with close follow up and advice on lifestyle modifications where appropriate. Physicians should place more emphasis on sex-specific risk factors in younger women such as preeclampsia and other pregnancy complications, infertility and reproductive technologies.

Identifying higher risk premenopausal women, who have traditionally been considered low risk for future events, is an important step in improving the cardiovascular health of young women. Starting the conversation with these women at risk is the first step in prevention.

“Identifying and managing younger women at high risk of cardiovascular disease” is published February 11, 2019.

MEDIA NOTE: Please use the following public links after the embargo lift:

Review: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.180053>

Media contact: Ana Gajic, communications, St. Michael’s Hospital, Toronto,
GajicA@smh.ca

General media contact: Kim Barnhardt, Communications, CMAJ,
kim.barnhardt@cmaj.ca,
[@CMAJ](#)

© 2019 Joule Inc. or its licensors | 1031 Bank St., Ottawa, ON, K1S 3W7, 866-971-9171

To modify or cancel your subscription to these email alerts, email

kim.barnhardt@cmaj.ca