

# Yentl Syndrome的台灣現況：在急性心肌梗塞病患的經驗

## Yentl syndrome in Taiwan: Experience in patients with acute coronary syndrome

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### 摘要

爲了瞭解對於心肌梗塞病患的重灌流治療，是否存在有性別差異，我們研究從1998年1月至2000年2月的209名急性心肌梗塞病患臨床研究資料。其中152名爲男性，57名爲女性。女性平均年齡明顯較男性爲高(女性 $71.1 \pm 15.5$ 歲，男性 $60.6 \pm 12.8$ ,  $P < 0.001$ )。這些女性同時罹患糖尿病(女性33/57，男性43/152,  $p = 0.001$ )及高血壓(女性49/57，男性70/152,  $p = 0.018$ )的情形遠比男性爲高。而男性有較高的抽煙比率(男性107/152，女性10/57,  $p < 0.00001$ )。其發作至抵達「急診時間(onset-to-door time)」及抵達急診至「重灌流時間(door-to-reperfusion time)」並無性別差異。冠狀動脈狹窄的位置及範圍也無顯著不同。但是，兩性對於重灌流治療的利用比率有明顯的差異(男性130/152，女性26/57,  $p < 0.0001$ )。進一步多變數迴歸分析確認性別爲造成此種治療差異的唯一獨立因素。總之，我們的研究結果顯示，在台灣急性心肌梗塞病患接受重灌流治療的情形，仍然有性別差異。

### Abstract

We investigated whether a gender bias exists in considering reperfusion therapy for patients with acute myocardial infarction. We retrospectively reviewed 209 patients (152 men and 57 women) with acute myocardial infarction from January 1998 to February 2000. The women were significantly older than the men ( $71.1 \pm 15.5$  years vs.  $60.6 \pm 12.8$ ,  $P < 0.001$ ), and had higher incidences of diabetes (33/57 vs. 43/152,  $P = 0.001$ ) and hypertension (49/57 vs. 70/152,  $P = 0.018$ ) but a lower incidence of smoking (10/57 vs. 107/152,  $P < 0.00001$ ). The “onset-to-door” time and the “door-to-reperfusion” time were similar between the two genders. No differences could be found in location and extent of coronary artery disease. However, there was a significant difference in the use of reperfusion therapy between the men and the women (129/152 vs. 26/57,  $P < 0.0001$ ). Multivariate regression analysis model indicates that gender instead of age was the only independent factor. In conclusion, our study revealed that there are gender differences between men and women in referral to reperfusion therapy for acute

myocardial infarction in Taiwan.