



Quality of Care and Outcomes Assessment

IMPACT OF GENDER ON PATTERNS OF DUAL ANTIPLATELET THERAPY CESSATION AND NON-ADHERENCE: ONE-YEAR RESULTS FROM THE PATTERNS OF NON-ADHERENCE TO ANTI-PLATELET REGIMENS IN STENTED PATIENTS (PARIS), AN OBSERVATIONAL SINGLE-ARM STUDY

Poster Contributions

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Background: Multiple clinical and sociodemographic factors are associated with adherence to dual antiplatelet therapy (DAPT) post percutaneous coronary intervention (PCI). Studies have shown women to have higher rates of adverse events after PCI. Whether this increased risk is attributable to DAPT cessation is unknown.

Methods: The PARIS Registry (n=5,033) is a multicenter, observational study of patients receiving PCI with stents. DAPT cessation (OFF-DAPT) includes discontinuation (physician-recommended), interruption (for surgery) and disruption (non-compliance or due to bleeding). DAPT cessation was categorized as physician recommended or non-adherence (interruption/disruption).

Results: At 1 year, 1,004 (25.0%) participants stopped DAPT, 300 of which were women (30.0%). More women than men stopped DAPT due to discontinuation (11.2% vs 9.5%, P=0.09), disruption (10.7% vs 7.8%, P=0.001) and interruption 70 (5.5% vs 4.3%) (Figure 1). Bleeding was more common in women (10.2% vs 7.6%, P=0.004), resulting in a higher rate of disruption in women. There was an increased risk of adverse events in off-DAPT vs on-DAPT, seen in both women and men. The association between female gender and DAPT cessation persisted after multivariable adjustment (OR 1.25, 95% CI 1.03-1.51 and P=0.02)

Conclusions: DAPT cessation due to interruption or disruption at 1-year was more frequent among women than men in the PARIS registry. These results illustrate the challenge and importance of DAPT adherence in women.

