

# Influence of age and gender of the treating physicians on long-time medical therapy of coronary artery disease (CAD)

## Results of the Disease Management Program (DMP) Coronary Artery Disease (CAD) North Rhine

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### Background

The DMP consists of a set of consented treatment targets (leaving the treatment decision to the physician) and a structured documentation with feedback. Participation is voluntary, but paid for by health insurance. Currently 130.589 patients with proven CAD and at least one follow up examination (10, 2004 - 12, 2007) are included. 75.457 could be allocated to a single physician.

### Objective

Do age and sex of the physician affect medical therapy of CAD and if so: what is their relevance in comparison to other variables (age and sex of the patient, arterial hypertension, diabetes mellitus, prior myocardial infarction)?

### Study Population

By the end of 2007 4.205 physicians from 3.252 clinics have become part of the program. 142.619 patients have been included in the DMP. For 130.589 patients

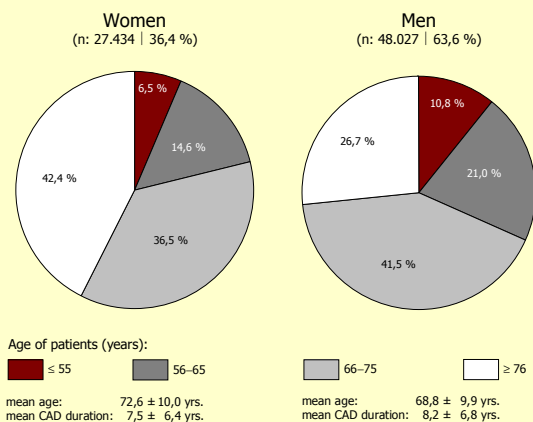
follow-up documentation is available. 75.457 could be allocated to a single physician (565 female, 1635 male).

### Methods

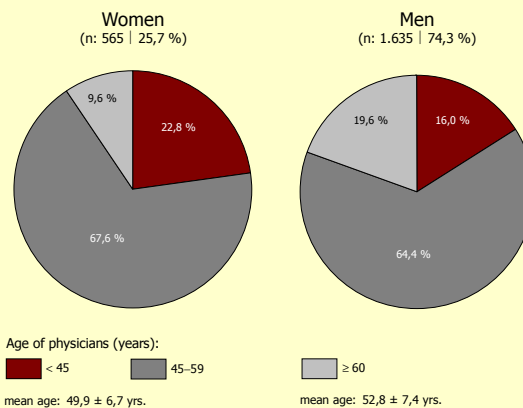
Detailed descriptive analyses of population based cohort differences. Each cohort difference has been carefully checked for significance in contrast to the other differences and for consistency over different analyses. Percentages and means are presented (logistic regression modelling: odds ratios and 95 % confidence intervals).

### Results

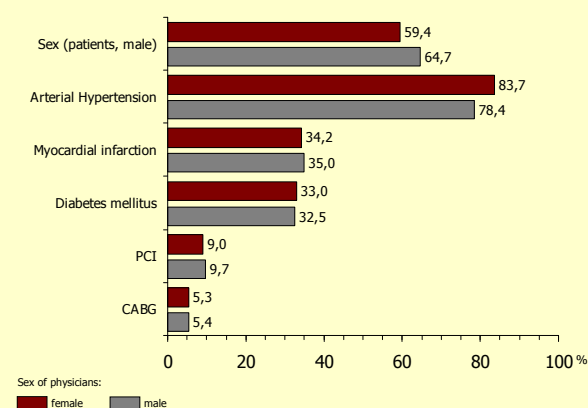
#### Age and Gender of Patients



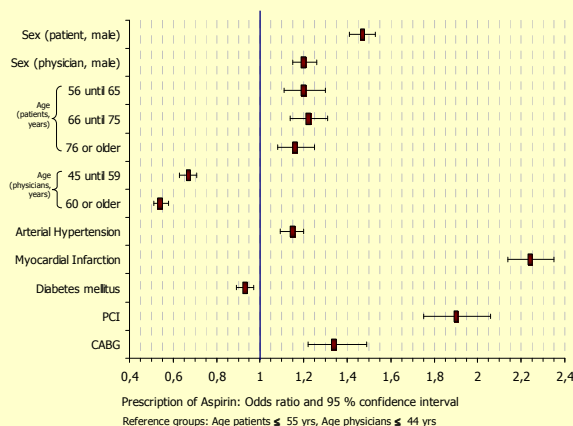
#### Age and Gender of Physicians



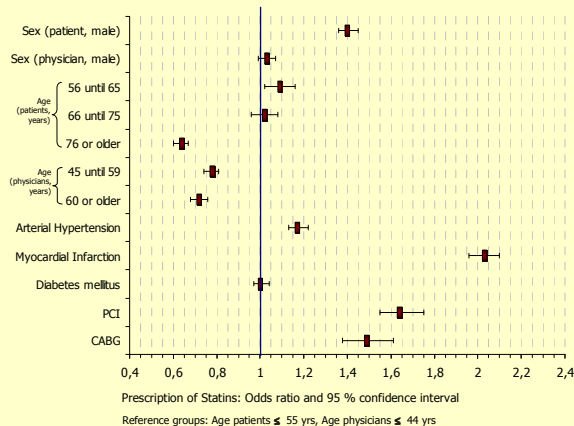
#### Characteristics, Comorbidities, Interventions Prescription of Beta-Blockers



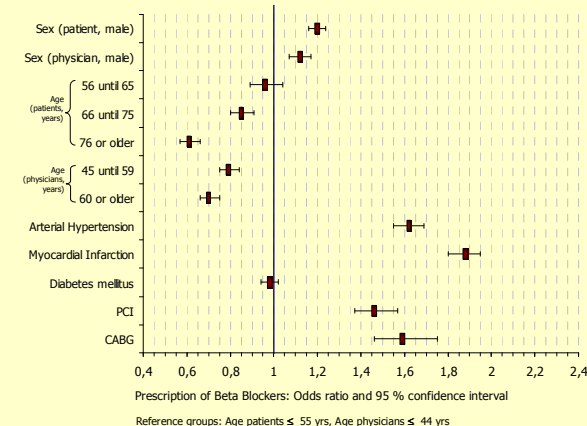
#### Predictors of Prescription of Aspirin



#### Predictors of Prescription of Statins



#### Predictors of Prescription of Beta-Blockers



### Conclusions

- Male Patients are more often treated with aspirin, a statin or a beta blocker.
- Male physicians more often prescribe aspirin or a beta blocker, but not a statin.
- Prescription rates for all three medications decline with increasing age of the physician and the patient.
- Age and sex of physician and patient exert more influence on prescription rates for secondary preventive medication than a history of diabetes, but less than a prior myocardial infarction.