

Decreasing educational inequalities in percutaneous coronary interventions following an incident acute myocardial infarction in Norway during 2001-2009: a CVDNOR project

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Purpose

To analyze gender-specific national trends in percutaneous potential educational inequalities in receiving PCI, among myocardial infarction (AMI) in Norway during 2001-2009

Methods

Study population: Patients (35-89 years) hospitalized for were retrieved from the 'Cardiovascular disease in Norway was categorized into: primary secondary and tertiary

Outcome: PCI received within 28 days from hospitalization

Statistical analyses: Gender-specific, age-standardized P education category

Changes over time in PCI rates were explored using Joinpo annual percentage change (AAPC)

Educational differences in receiving PCI were explored using secondary and tertiary education versus those with primary and expressed as relative risks (RR)

Possible interaction between calendar year and education

Results

- 104 863 patients [mean age (SD) 71.1 (12.7)] were hosp
- 62.7% were men
- 30.4% underwent PCI within 28 days

Time trends in age-standardized PCI rates (Figure 1)

Men: PCI rates increased with 14.2% 13,9% and 9.9% per tertiary education, respectively

Women: Among women with primary, secondary or tertiary 10.6% and 8.9% per year

Educational differences in PCI rates:

Compared to patients with primary education, patients with higher rates in receiving PCI

Educational differences in receiving PCI decreased over time and educational level) (Figure 2)

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s coronary intervention (PCI) rates and explore		600
patients nospitalized for an incluent acute		150
		400
		300
an incident (first) AMI during 2001-2009		id rate/
y' (CVDNOR) project. Highest attained education		ndardize
n date		vge-stal 300
PCI rates and 95% CI were calculated for each		 ▲ 150 0
oint regression analysis and expressed as average		
ng Poison regression analyses for patients with y education only (reference category)		Figu prima
categories were tested		1.8
		1.6
oitalized for an incident AMI during 2001-2009		(I) 1.4 %
		36) XX
		10
year among men with primary, secondary or		1.0
		0.8
education PCI rates increased with 13.8%,		
secondary or tertiary education had 12% and 21%		PCI and
ne (p<0.001 for interaction between calendar year		Patie

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Figure 1. Trends in age-standardized PCI rates among men (upper row) and women (lower row) hospitalized for an incident AMI according to education level



re 2. Relative risk (RR) of receiving PCI after an incident AMI for secondary and tertiary education versus ary education by year of hospitalization



CONCLUSIONS

utilization after an incident AMI increased among all education categories in both men women in Norway during 2001-2009

ents with secondary and tertiary education had higher PCI rates compared to those with primary education. However, these differences decreased over time