«Go red for women» in FVG: come ascoltare e parlare alle donne

Dott. ssa Elisa Pontoni, Dipartimento di Emergenza PN

ascoltare

parlare

donne

Mamma Anna


THIS IS WHAT A HEART ATTACK FEELS LIKE TO A WOMAN.
1 TON
CHEST PAIN, DISCOMFORT, PRESSURE OR SQUEEZING, LIKE THERE'S A TON OF WEIGHT ON YOU
UNUSUAL UPPER BODY PAIN, OR DISCOMFORT IN ONE OR BOTH ARMS, BACK, SHOULDER, NECK, JAW OR UPPER PART OF THE STOMACH
BREAKING OUT IN A COLD SWEAT
LIGHTHEADEDNESS OR SUDDEN DIZZINESS
NAUSEA
UNUSUAL FATIGUE
SHORTNESS OF BREATH
If you experience any one of these symptoms, don't make excuses for them.
Women Heart
The National Coalition for Women
Make the Call. Don't Miss a Beat.
911
MAKE THE CALL

Ricetta di una donna, Ornella Vanoni

- *Costano le donne costano*
- *Più dei motori dei gioielli e delle lacrime*
- *Ballano le donne ballano*
- *Ma quelle vere sono rare*
- *E non si comprano*
- *Tu le puoi prendere ma non comprendere*

This Article | Info for Authors | Subscribe | About

PNAS

Proceedings of the National Academy of Sciences of the United States of America

Patient–physician gender concordance and increased mortality among female heart attack patients

Brad N. Greenwood[a,1], Seth Carnahan[b], and Laura Huang[c]

[a]Carlson School of Management, University of Minnesota–Twin Cities, Minneapolis, MN 55455; [b]Olin Business School, Washington University in St. Louis, St. Louis, MO 63130; and [c]Harvard Business School, Harvard University, Boston, MA 02163

Edited by Michael Roach, Cornell University, Ithaca, NY, and accepted by Editorial Board Member Mary C. Waters July 3, 2018 (received for review January 3, 2018)

We examine patient gender disparities in survival rates following acute myocardial infarctions (i.e., heart attacks) based on the gender of the treating physician. Using a census of heart attack patients admitted to Florida hospitals between 1991 and 2010, we find higher mortality among female patients who are treated by male physicians. Male patients and female patients experience similar outcomes when treated by female physicians, suggesting that unique challenges arise when male physicians treat female patients. We further find that male physicians with more exposure to female patients and female physicians have more success treating female patients.

gender disparity | patient–physician gender concordance | patient advocacy | heart attacks | mortality

issues are salient in the medical setting. We posit that these challenges exacerbate the difficulty of diagnosing and treating AMIs, such that physician–patient gender concordance contributes to better patient outcomes. We further argue that the benefits of gender concordance will be strongest for female patients due to the difficulty of diagnosing and treating AMIs in female patients. We find empirical support for these ideas, documenting that gender concordance between the patient and physician influences measurable, substantive outcomes like patient survival and length of stay during an AMI. Furthermore, this relationship is much stronger for female patients. Results suggest that medical providers may need to account for the possible challenges physicians (particularly male physicians) face when treating AMI patients of the opposite gender.

thebmj

BMJ 2016;355:i6808 doi: 10.1136/bmj.i6808 (Published 22 December 2016)

RESEARCH NEWS

Elderly patient survival is higher if doctor is female, US study finds

Michael McCarthy

Seattle

Elderly hospital patients treated by female doctors had significantly lower 30 day mortality and readmission rates than those cared for by male physicians, a US study has found.[1]

Previous research has suggested that male and female doctors practise medicine differently. Female doctors, for example, are more likely to adhere to clinical practice guidelines and to provide preventive care more often. But whether these differences affected outcomes was not known.

"The effect would be even larger if the associations between physician sex and patient outcomes also hold for non-Medicare populations."

In an accompanying editorial the journal's editor, Rita F Redberg, and Anna L Parks of the University of California, San Francisco,[2] said that US female academic physicians are paid nearly $20 000 (£16 200; €19 230) (8%) less than their male colleagues.

JAMA Internal Medicine | Original Investigation

Comparison of Hospital Mortality and Readmission Rates for Medicare Patients Treated by Male vs Female Physicians

Yusuke Tsugawa, MD, MPH, PhD; Anupam B. Jena, MD, PhD; Jose F. Figueroa, MD, MPH; E. John Orav, PhD; Daniel M. Blumenthal, MD, MBA; Ashish K. Jha, MD, MPH

IMPORTANCE Studies have found differences in practice patterns between male and female physicians, with female physicians more likely to adhere to clinical guidelines and evidence-based practice. However, whether patient outcomes differ between male and female physicians is largely unknown.

OBJECTIVE To determine whether mortality and readmission rates differ between patients treated by male or female physicians.

DESIGN, SETTING, AND PARTICIPANTS We analyzed a 20% random sample of Medicare fee-for-service beneficiaries 65 years or older hospitalized with a medical condition and treated by general internists from January 1, 2011, to December 31, 2014. We examined the association between physician sex and 30-day mortality and readmission rates, adjusted for patient and physician characteristics and hospital fixed effects (effectively comparing female and male physicians within the same hospital). As a sensitivity analysis, we examined only physicians focusing on hospital care (hospitalists), among whom patients are plausibly quasi-randomized to physicians based on the physician's specific work schedules. We also investigated whether differences in patient outcomes varied by specific condition or by underlying severity of illness.

Editorial page 161

Author Audio Interview

Supplemental content

CME Quiz at jamanetworkcme.com and CME Questions page 296

Real life

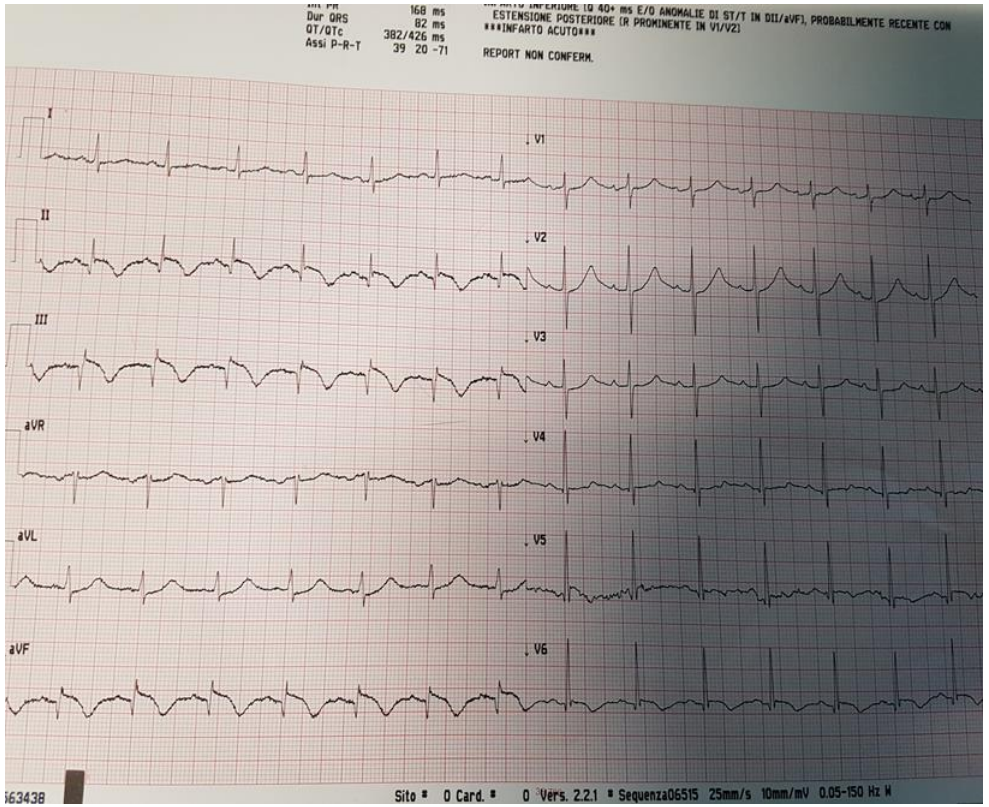
REAL LIFE

Il cuore soffre. Non solo per amore. Abbiatene cura

L'infarto minaccia sempre di più le donne. Ma difendersi è possibile. Ne parliamo con Anna Flavia D'Amelio e con quattro cardiologhe impegnate nella cura e nella ricerca sulle malattie cardiache

DI CHIARA DALL'ANESE - FOTO DI STEPHANIE GENGOTTI PER

Anna Flavia D'Amelio Einaudi è segretario generale di Gruppo San Donato Foundation, organizzazione no-profit che sostiene la ricerca sulle malattie cardiovascolari.


Dur QRS 168 ms
82 ms
QT/QTc 382/426 ms
Assi P-R-T 39 20 -71
ESTENSIONE POSTERIORE (R PROMINENTE IN V1/V2)
INFARTO ACUTO
REPORT NON CONFERM.
I
II
III
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V1
V2
V3
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V5
V6
Sito * 0 Card. * 0 Vers. 2.2.1 * Sequenza06515 25mm/s 10mm/mV 0.05-150 Hz W

ORIGINAL RESEARCH

Delayed Care and Mortality Among Women and Men With Myocardial Infarction

Raffaele Bugiardini, MD; Beatrice Ricci, MD; Edina Cenko, MD, PhD; Zorana Vasiljevic, MD, PhD; Sasko Kedev, MD, PhD; Goran Davidovic, MD; Marija Zdravkovic, MD, PhD; Davor Miličić, MD, PhD; Mirza Dilic, MD, PhD; Olivia Manfrini, MD; Akos Koller, MD, PhD; Lina Badimon, MD, PhD

Background—Women with ST-segment–elevation myocardial infarction (STEMI) have higher mortality rates than men. We investigated whether sex-related differences in timely access to care among STEMI patients may be a factor associated with excess risk of early mortality in women.

Methods and Results—We identified 6022 STEMI patients who had information on time of symptom onset to time of hospital presentation at 41 hospitals participating in the ISACS-TC (International Survey of Acute Coronary Syndromes in Transitional Countries) registry (NCT01218776) from October 2010 through April 2016. Patients were stratified into time-delay cohorts. We estimated the 30-day risk of all-cause mortality in each cohort. Despite similar delays in seeking care, the overall time from symptom onset to hospital presentation was longer for women than men (median: 270 minutes [range: 130–776] versus 240 minutes [range: 120–600]). After adjustment for baseline variables, female sex was independently associated with greater risk of 30-day mortality (odds ratio: 1.58; 95% confidence interval, 1.27–1.97). Sex differences in mortality following STEMI were no longer observed for patients having delays from symptom onset to hospital presentation of ≤1 hour (odds ratio: 0.77; 95% confidence interval, 0.29–2.02).

Conclusions—Sex difference in mortality following STEMI persists and appears to be driven by prehospital delays in hospital presentation. Women appear to be more vulnerable to prolonged untreated ischemia.

Clinical Trial Registration—URL: https://www.clinicaltrials.gov/. Unique identifier: NCT01218776. **(*J Am Heart Assoc*. 2017;6: e005968. DOI: 10.1161/JAHA.117.005968.)**

Key Words: acute coronary syndrome • mortality • prehospital delay • women

Rassegne e Articoli

e&p anno 37 (2-3) marzo-giugno 2013

Bias di genere nella gestione e negli esiti del paziente cardiovascolare in Friuli Venezia Giulia

Gender bias in the management and outcome of cardiovascular patients in Friuli Venezia Giulia (Northern Italy)

Francesca Valent, Silvia Tillati, Loris Zanier

Epidemiol Prev 2013; 37 (2-3): 115-123

Go Red for women ...in Pordenone

2010:18 PS su 19 esistenti in regione con medesimo software applicativo con triage «Dolore toracico»

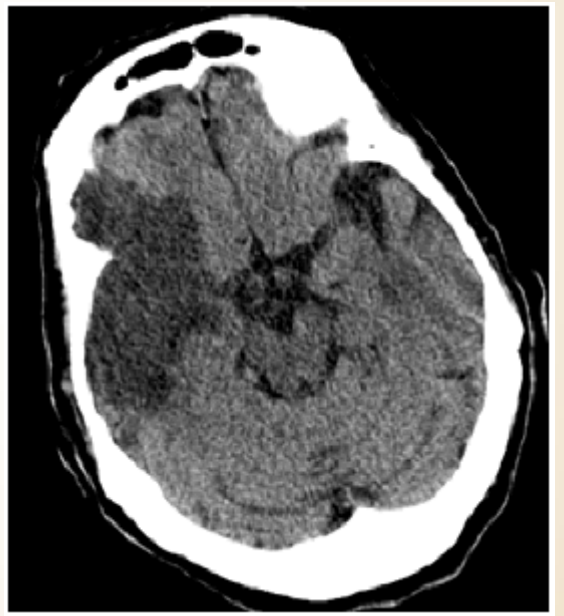
Tempo medio di attesa: 23.3±37.3 minuti per donne, 21.9 ±36.1 minuti per uomini (attesa per le donne mediamente superiore di 3 minuti)

Sex differences in the evaluation and treatment of acute ischaemic stroke

Cheryl Bushnell, Virginia J Howard, Lynda Lisabeth, Valeria Caso, Seana Gall, Dawn Kleindorfer, Seemant Chaturvedi, Tracy E Madsen, Stacie L Demel, Seung-Jae Lee, Mathew Reeves

Lancet Neurol 2018; 17: 641–50

Sex differences relating to intravenous tPA have been extensively reported—specifically, differences in the proportions of men and women receiving treatment, with men receiving treatment more often, and in outcomes after treatment, with women often benefiting more from tPA.[4–7] However, many of these studies of treatment in the acute stroke setting were not designed specifically to assess sex differences, did not adjust for factors that might affect treatment and outcomes for women and men (eg, age and pre-stroke function), did not include a sufficient spectrum of patients over 75 years of age (the population most at risk), or did not have adequate power to identify sex–treatment interactions. Furthermore, several studies that have specifically aimed to evaluate sex as a modifier of outcome after treatment with thrombolysis have been inconclusive.[8–11]



Academic Emergency Medicine
Official Journal of the Society for Academic Emergency Medicine

ORIGINAL CONTRIBUTION

The DISPARITY-II Study: Delays to Antibiotic Administration in Women With Severe Sepsis or Septic Shock

Tracy E. Madsen, MD, and Anthony M. Napoli, MD

Abstract

Background: Early antibiotics reduce mortality in patients with severe sepsis and septic shock. Recent work demonstrated that women experience greater delays to antibiotic administration, but it is unknown if this relationship remains after adjusting for factors such as source of infection.

Objectives: The objective was to investigate whether gender and/or source of infection are associated with delays to antibiotics in patients with severe sepsis or septic shock.

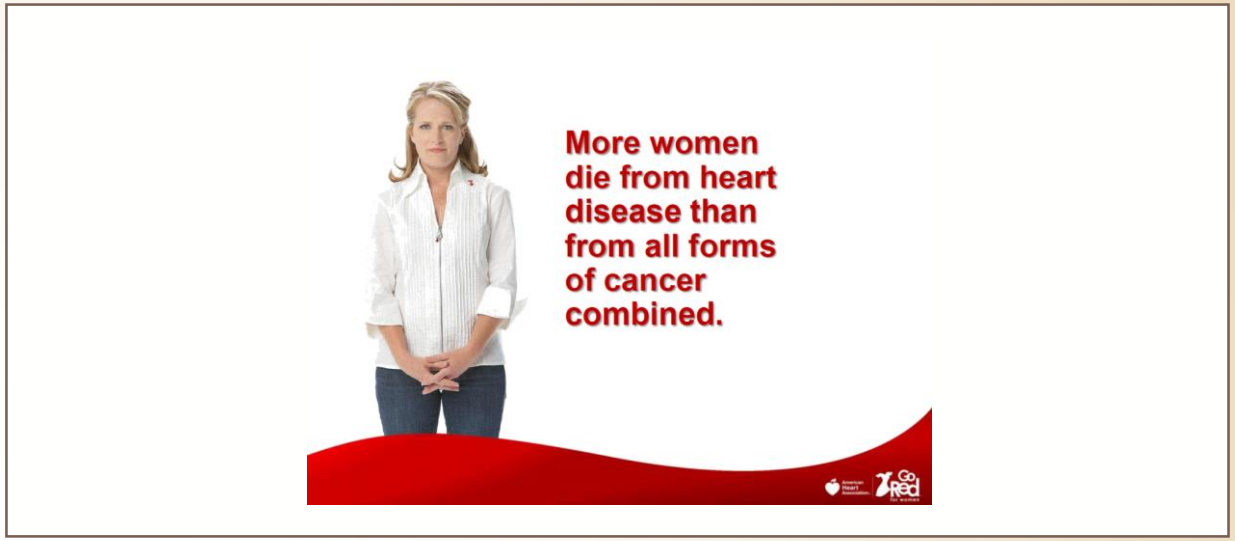
Methods: This was a retrospective, observational study in an urban academic emergency department and national Surviving Sepsis Campaign (SSC) database study site. Consecutive patients age 18 years and older admitted to intensive care with severe sepsis or septic shock and entered into the SSC database from October 2005 to March 2012 were included. Two trained research assistants, blinded to the primary outcome, used a standardized abstraction form to obtain patient demographic and clinical data, including the Sequential Organ Failure Assessment (SOFA) scores and comorbidities. Time to first antibiotic and presumed source of infection were extracted from the SSC database. Univariate analyses were performed with Pearson chi-square tests and t-tests. Linear regression was performed with time to first antibiotic as the primary outcome. Covariates, chosen a priori by study authors, included age, race, ethnicity, source of infection, SOFA score, and lactate.

Results: A total of 771 patients were included. Women were 45.3% of the sample, the mean age was 66 years (95% confidence interval [CI] – 65.1 to 67.5 years), 19.4% were nonwhite, and 8% were Hispanic. Mean time to first antibiotic was 153 minutes (95% CI – 143 to 163 minutes) for men and 184 minutes (95% CI – 171 to 197 minutes) for women ($p < 0.001$). The urinary tract was source of infection for 35.2% of women (95% CI – 30.2% to 40.3%) versus 23.7% (95% CI – 19.6% to 27.8%) of men. Pneumonia was present in 46.9% of men (95% CI – 42.1% to 51.7%) versus 35.8% (95% CI – 30.8% to 40.8%) of women. The mean time to antibiotics in women was longer than in men (adjusted odds ratio [aOR] – 1.18, 95% CI – 1.07 to 1.30), even after adjusting for age, race, ethnicity, presumed source of infection, SOFA score, and lactate ($p – 0.001$). Those with pneumonia compared to other infections received antibiotics faster (aOR – 0.73, 95% CI – 0.66 to 0.81). There was no significant association between other sources of infection and time to antibiotics in either univariate or multivariate analysis.

Conclusions: Women experience longer delays to initial antibiotics among patients with severe sepsis or septic shock, even after adjusting for infectious source. Pneumonia was associated with shorter times to antibiotic administration. Future research is necessary to investigate contributors to delayed antibiotic administration in women.

ACADEMIC EMERGENCY MEDICINE 2014;21:1499–1502

Go red for women




In 2004...
Only 34% Of Women
Knew That
Heart Disease Is
Their No. 1 Killer
American Heart Association.
Go Red for women


I am proud to fight the No. 1 killer of women - Heart Disease.
American Heart Association.
Go Red for women
I Go Red For Women
strong
hope
strength
inspire
amazing
thriving
shout louder
passion
Surviving
fight harder
inspire
amazing

To Reach All Women

Go Red Began to Implement Multicultural Efforts

Across the Globe

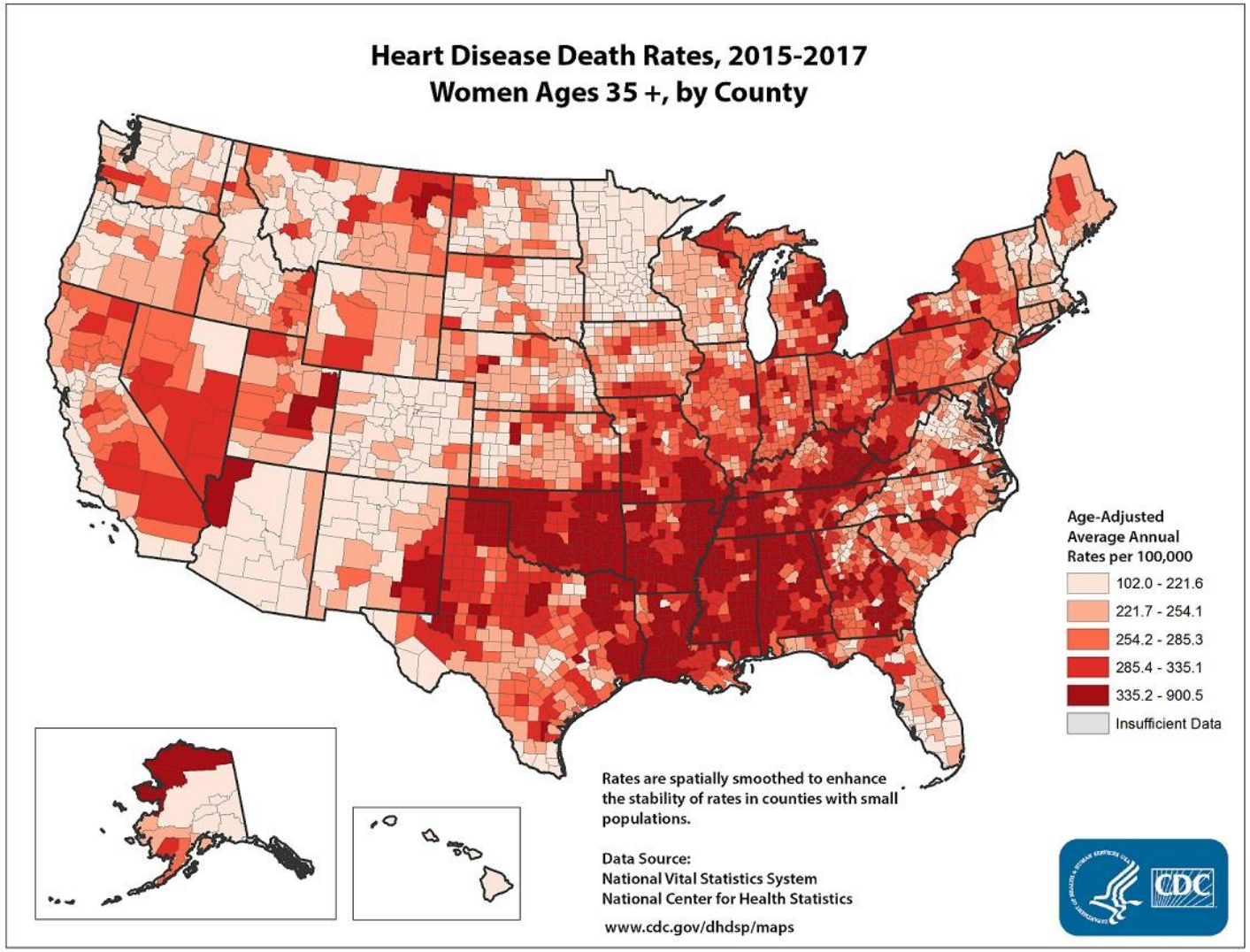
Go Red Goes Around the World

Into Doctor's Offices

Get with Guidelines

On Capitol Hill

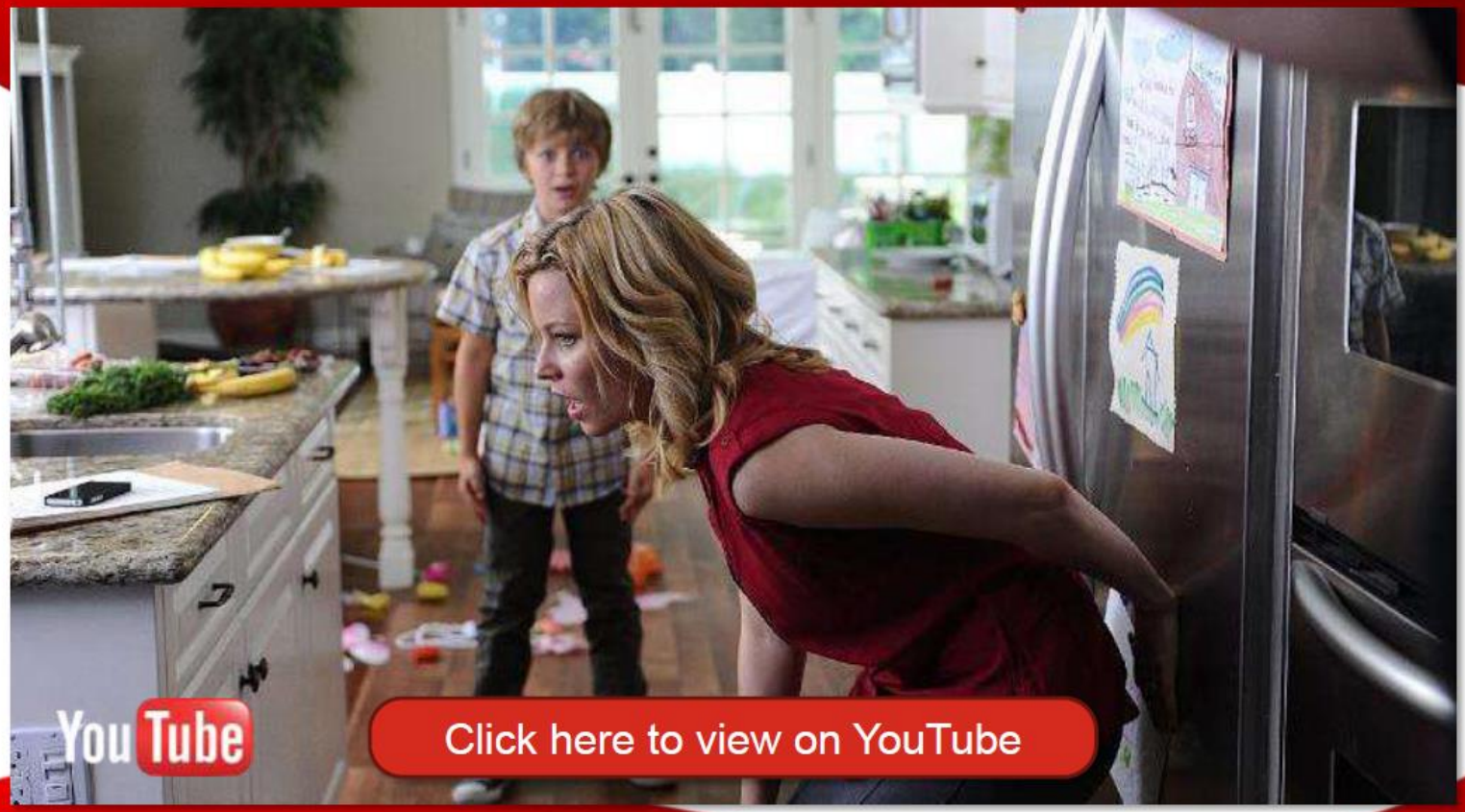
The Heart for Women Act


Heart Disease Death Rates, 2015-2017
Women Ages 35 +, by County
Age-Adjusted
Average Annual
Rates per 100,000
102.0 - 221.6
221.7 - 254.1
254.2 - 285.3
285.4 - 335.1
335.2 - 900.5
Insufficient Data
Rates are spatially smoothed to enhance the stability of rates in counties with small populations.
Data Source:
National Vital Statistics System
National Center for Health Statistics
www.cdc.gov/dhdsp/maps
CDC

Watch

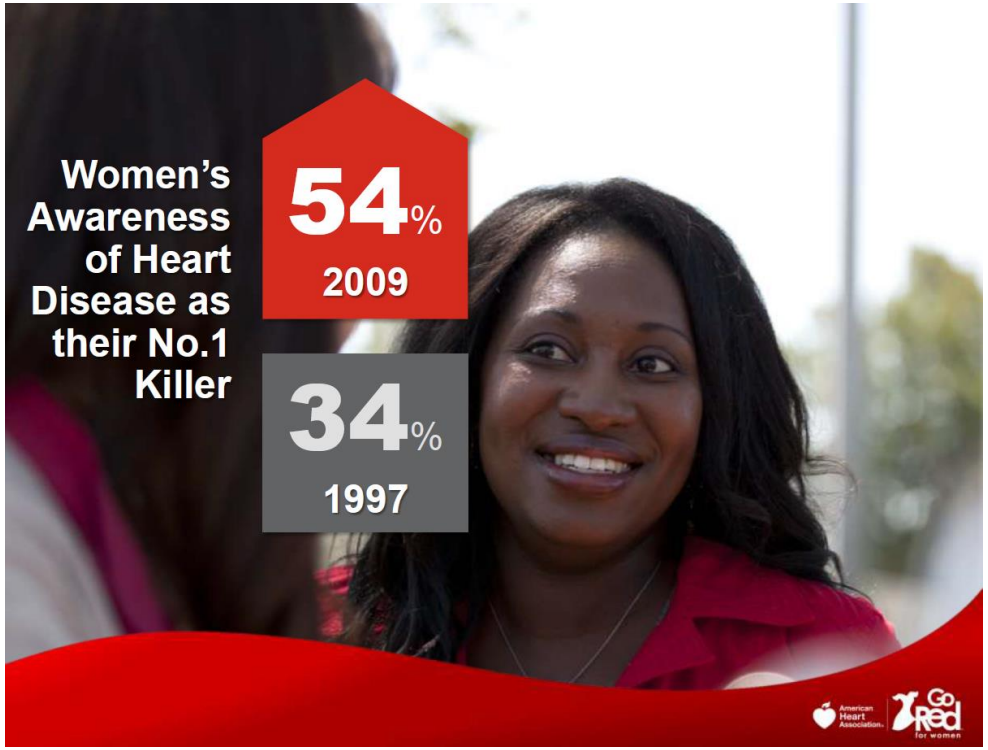
“Just a Little Heart Attack”

on YouTube and share with the women you love



goredforwomen.org/justalittleheartattack

American Heart Association. Go Red for women



But There's Still More Work To Be Done…

- **1 in 3** women still die each year
- **1,100** women are still dying every day
- Only **25%** of women have increased their physical activity
- Only **56%** of women know that heart disease is their No. 1 killer

In 2010, the AHA set a strategic goal of reducing death and disability from cardiovascular disease and strokes by 20 percent while improving the cardiovascular health of all Americans by 20 percent by the year 2020.

Go Red for women ...in Pordenone

REGIONE AUTONOMA FRIULI VENEZIA GIULIA
azienda per l'assistenza sanitaria
5 Friuli Occidentale

DECRETO
DEL DIRETTORE GENERALE

N. 563 DEL 03/08/2018

OGGETTO

Istituzione del Gruppo di lavoro "Medicina di genere – Go Red for women…" e approvazione del programma operativo.

LEGGE 11 gennaio 2018, n. **3**.

Delega al Governo in materia di sperimentazione clinica di medicinali nonché disposizioni per il riordino delle professioni sanitarie e per la dirigenza sanitaria del Ministero della salute.

Art. 3.

Applicazione e diffusione della medicina di genere nel Servizio sanitario nazionale

1. Il Ministro della salute, sentita la Conferenza permanente per i rapporti tra lo Stato, le regioni e le province autonome di Trento e di Bolzano e avvalendosi del Centro nazionale di riferimento per la medicina di genere dell'Istituto Superiore di Sanità, entro dodici mesi dalla data di entrata in vigore della presente legge, predispone, con proprio decreto, un piano volto alla diffusione della medicina di genere mediante divulgazione, formazione e indicazione di pratiche sanitarie che nella ricerca, nella prevenzione, nella diagnosi e nella cura tengano conto delle differenze derivanti dal genere, al fine di garantire la qualità e l'appropriatezza delle prestazioni erogate dal Servizio Sanitario Nazionale in modo omogeneo sul territorio nazionale.

Ministero della Salute

Piano per l'applicazione e la diffusione della Medicina di Genere

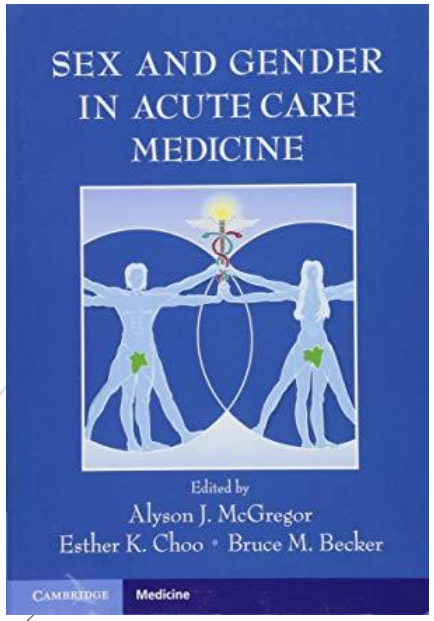
(in attuazione dell'articolo 3,comma 1, Legge 3/2018)

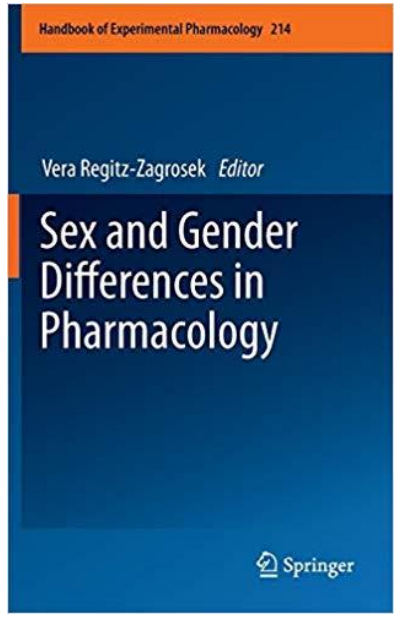
Il presente Piano, predisposto ai sensi dell'articolo 3, comma 1 della Legge *11 gennaio 2018 n. 3*, si propone di fornire un indirizzo coordinato e sostenibile per la diffusione della Medicina di Genere mediante divulgazione, formazione e indicazione di pratiche sanitarie che nella ricerca, nella prevenzione, nella diagnosi e nella cura tengano conto delle differenze derivanti dal genere[1], al fine di garantire la qualità e l'appropriatezza delle prestazioni erogate dal Servizio Sanitario Nazionale (SSN) in modo omogeneo sul territorio nazionale.

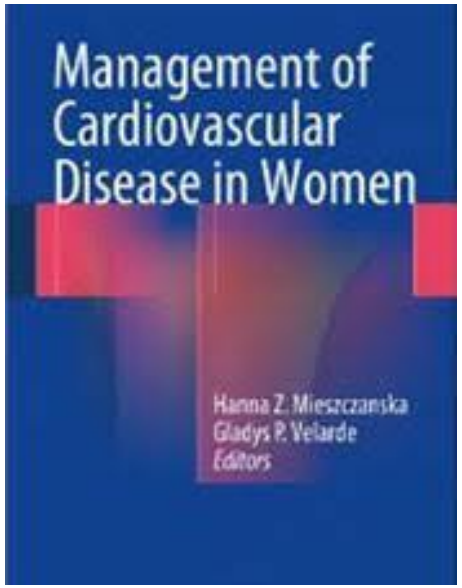

LA SALUTE DECLINATA AL FEMMINILE:
dall'approccio specialistico all'interdisciplinarietà
20 APRILE 2018
Sala Congressi - Fiera di Pordenone
PORDENONE
PRESIDENTE DEL CONVEGNO
Dott.ssa Daniela Pavan

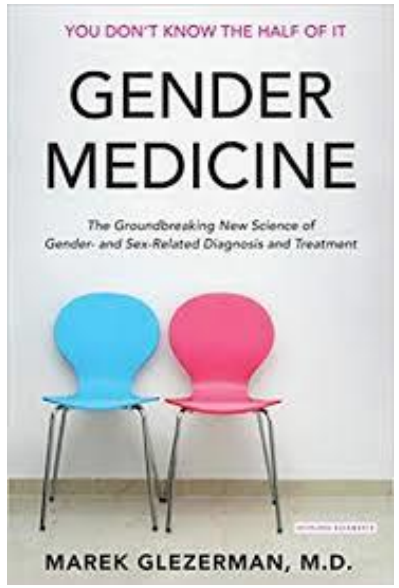

La salute declinata al femminile:
elogio dell'imperfezione
12 APRILE 2019
Sala Congressi – Fiera di Pordenone
PORDENONE

22 aprile 2020


SEX AND GENDER
IN ACUTE CARE
MEDICINE
Edited by
Alyson J. McGregor
Esther K. Choo • Bruce M. Becker
CAMBRIDGE
Medicine


Handbook of Experimental Pharmacology 214
Vera Regitz-Zagrosek Editor
Sex and Gender
Differences in
Pharmacology
Springer


Management of
Cardiovascular
Disease in Women
Hanna Z. Mieszczanska
Gladys P. Velarde
Editors


YOU DON'T KNOW THE HALF OF IT
GENDER
MEDICINE
The Groundbreaking New Science of
Gender- and Sex-Related Diagnosis and Treatment
MAREK GLEZERMAN, M.D.

onda

The NIH group called for volunteers to join the Baltimore Longitudinal Study of Aging (BLSA), remain in the study throughout the rest of their lives, and donate their bodies to science after their death. While today, this study design appears straightforward, in 1958, the notion of following individuals for life to study aging was an extraordinary leap forward in the field, a jump that would transform aging research forever. Although questions about the nature of the aging process are probably as old as humankind, never before had anyone postulated that chronological and biological age could be dissected, and that aging and pathology may evolve along separate, although somewhat parallel, pathways. Today, 50 years later, the BLSA is one of the largest and longest-running longitudinal studies of aging in the United States and is still addressing the same question. What a vision! Over many years, the BLSA has made major contributions to our understanding of normal aging in humans.

Published in final edited form as:
J Gerontol A Biol Sci Med Sci. 2008 December ; 63(12): 1416–1419.

The Baltimore Longitudinal Study of Aging (BLSA): A 50-Year-Long Journey and Plans for the Future

Luigi Ferrucci
Longitudinal Studies Section, Clinical Research Branch, National Institute on Aging, Baltimore, Maryland

Fattori di rischio

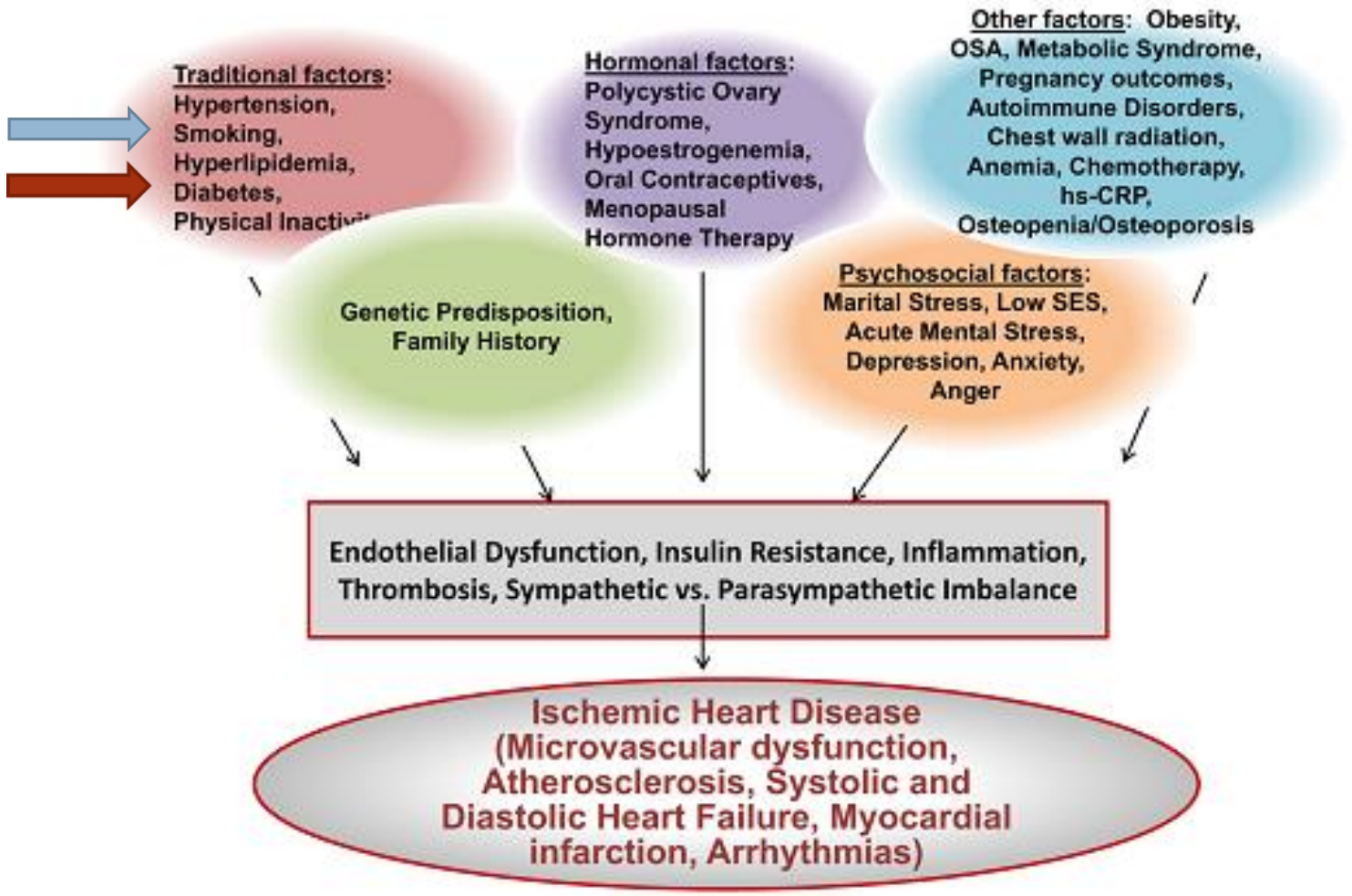


Figure. Ischemic Heart Disease Risk Factors in Women

Many traditional and novel risk factors contribute to the development of IHD through various mechanistic pathways.

Questionario dolore toracico

-fattori di rischio cardiovascolari delle donne: (compilazione solo da parte delle donne):

-A quanti anni ha avuto il primo ciclo mestruale: Prima degli 11 aa () dopo gli 11 aa () non so ()

-E' in gravidanza? Sì() no () non so () Ha partorito da meno di 3 mesi? sì() no ()

-Ha avuto in gravidanza preclampsia e gestosi? sì() no () non so ()

- Ha sofferto di diabete in gravidanza? sì() no () non so ()

- Ha sofferto di ipertensione arteriosa in gravidanza? sì() no() non s o()

- Ha avuto piu' aborti spontanei? sì() no() non so () quanti?

- Soffre di ovaio policistico? sì() no () non so ()

- E' in menopausa? si () eta'…. No () non so ()

-Terapia anticoncezionale (contraccettivi orali) Sì() No()

-Terapia sostitutiva ormonale post menopausa Sì () No()

IL MONDO HA BISOGNO DELLE DONNE

Sostieni la salute
e i diritti delle donne

Dal 23 febbraio al 6 marzo 2019 alle casse dei punti vendita Despar, Eurospar e Interspar è possibile fare una donazione libera per sostenere le associazioni che si occupano della salute e dei diritti delle donne.
La cifra raccolta sarà consegnata alle associazioni il **8 marzo 2019**, in occasione della GIORNATA INTERNAZIONALE della DONNA.

Aiutaci anche tu: assieme possiamo fare tanto!

GRUPPO POLIS cooperative sociali

A.N.D.O.S. onlus

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EUROSPAR
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Ivana Matteucci
Comunicare la salute e promuovere il benessere
Teorie e modelli per l'intervento nella scuola
SCIENZE E SALUTE
COMUNICAZIONE
FrancoAngeli


ANDREAE VESALII
BRVXELLENSIS, SCHOLAE
medicorum Patauinæ professoris, de
Humani corporis fabrica
Libri septem.
BASILEAE

La salute declinata al femminile: elogio dell'imperfezione

Go Red for women

Obiettivo di Go Red for women.... è quello di promuovere la diffusione e la sensibilizzazione nei confronti della medicina di genere non solo del mondo medico, ma della popolazione in generale, nella convinzione che un approccio diagnostico e terapeutico che valuti le differenze di genere possa migliorare le prospettive della salute femminile.

Mercoledì
29 maggio 2019
ore 18.00
Casa dei Carraresi
Treviso

Con il sostegno

Con il patrocinio

SALUTE e DONNA

Medicina di genere e violenza di genere

Go Red for women... in Pordenone

Go Red for women:
la medicina di genere è il presente

Questo gruppo promuove la conoscenza della medicina di genere, della violenza di genere e la consapevolezza dell'alto rischio di malattie cardiovascolari nella popolazione femminile. Lo fa anche con l'organizzazione di eventi formativi a carattere scientifico aperti a tutti.
Le differenze di genere influiscono sulla vita e sulle patologie: la donna non è la copia dell'uomo, così come i bambini non sono piccoli adulti. La salute va intesa come benessere psicologico, fisico e sociale.

Info e contatti
Elisa Pontoni - elidoc@libero.it

Go Red for women... in Pordenone

VENERDÌ 28 SETTEMBRE 2018
VALVASONE (PN)
CONVEGNO

JAZZ&WINE
OF PEACE
24 28 OCTOBER
2018
CORMÒNS 21ST EDITION


Fondazione onda
3°Congresso Nazionale
I GIOVANI
si prendono cura di sé?
Prevenire per mantenersi in salute
1 / 2
Ottobre
2019
MILANO
Palazzo delle Stelline


La linea del tempo

JAMA Network | Open

Original Investigation | Cardiology

Trends and Costs Associated With Suboptimal Physical Activity Among US Women With Cardiovascular Disease

Victor Okunrintemi, MD, MPH; Eve-Marie A. Benson, MD, MPH; Martin Tibuakuu, MD, MPH; Di Zhao, PhD; Oluseye Ogunmoroti, MD, MPH; Javier Valero-Elizondo, MD, MPH; Martha Gulati, MD, MS; Khurram Nasir, MD, MPH, MSc; Erin D. Michos, MD, MHS

Abstract

IMPORTANCE Cardiovascular disease (CVD) is the leading cause of death and disability among women. Achievement of recommended physical activity (PA) levels is an essential component of CVD management.

OBJECTIVE To describe trends, sociodemographic factors, and health care expenditures associated with suboptimal PA among a nationally representative sample of US women with CVD.

CONCLUSIONS AND RELEVANCE The proportion of women with CVD not meeting recommended PA is high and increasing, particularly among certain racial/ethnic and socioeconomic groups, and is associated with significant health care costs. More must be done to improve PA for secondary prevention and reduction of expenditures among women with CVD.

30.11-1.12 2019


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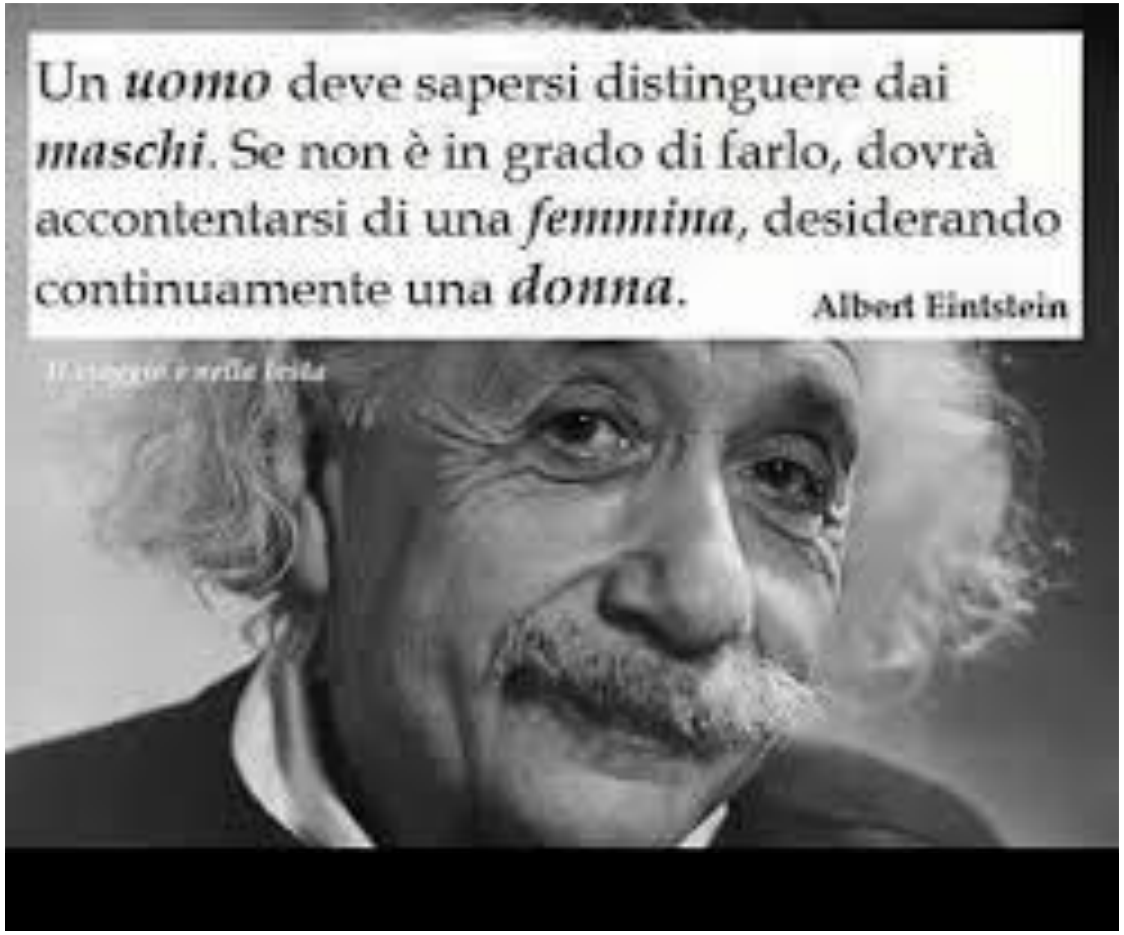
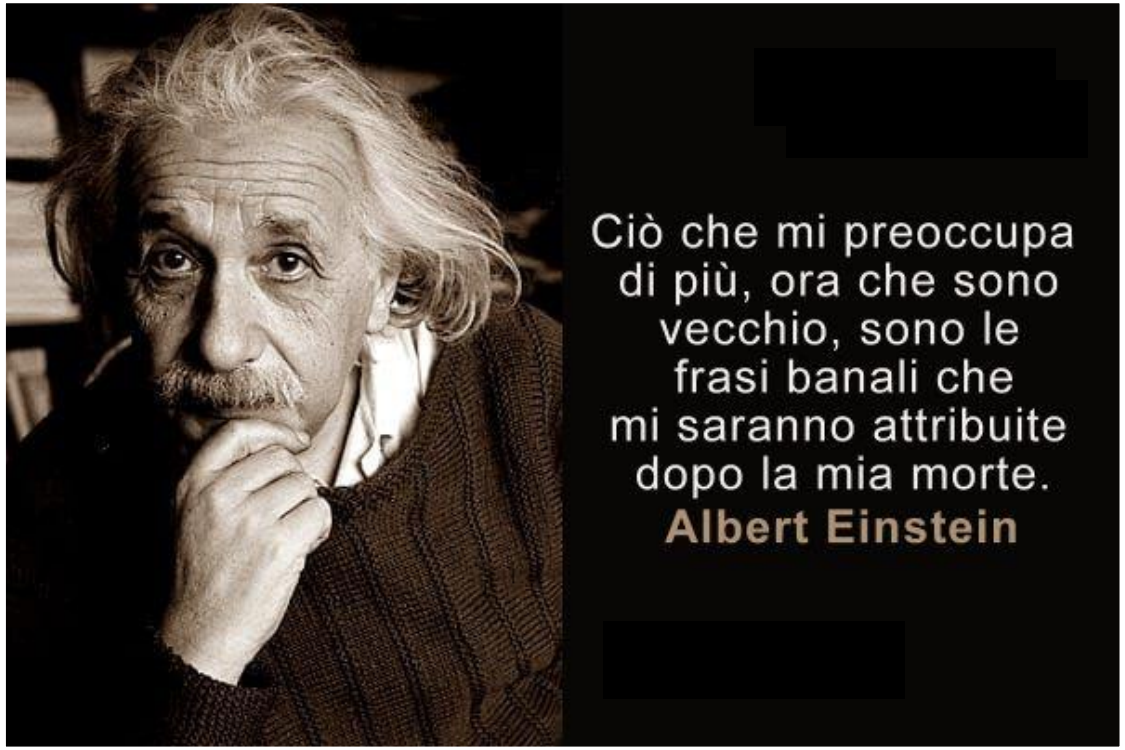
Margherita Hack

Le Donne
che hanno
cambiato
il mondo,
non hanno
mai avuto
bisogno
di
"mostrare"
nulla,
se non
la loro
intelligenza

Rita Levi Montalcini





Grazie.E.Pontoni