

CURRICULUM VITAE

Pieter Vynckier (*16 September 1995) obtained a Master's degree in Nursing (Ghent University, 2019) and a Bachelor's degree in Nursing (Vives Hogeschool Kortrijk, 2017). He started his academic career in 2019 at the Department of Public Health and Primary Care of Ghent University where he joined the Research Group of Epidemiology and Prevention. He started working on the EUROASPIRE V database, on which he continued working during the remainder of his doctoral research. He won the Young Investigator Award – Best original scientific work at the Preventive Cardiology congress in 2022 for his work on gender differences in risk factor awareness of CHD patients in secondary prevention.

KEY PUBLICATIONS

Vynckier P, Ferrannini G, Rydén L, Tokgözoğlu L, Bruthans J, Kotseva K, Wood D, De Backer T, Gevaert S, De Bacquer D, De Smedt D; EUROASPIRE V Investigators group. Medical Treatment in Coronary Patients: Is there Still a Gender Gap? Results from European Society of Cardiology EUROASPIRE V Registry. *Cardiovasc Drugs Ther.* 2021 Aug;35(4):801-808. doi: 10.1007/s10557-020-07095-6. Epub 2020 Oct 17. PMID: 33068226.

Vynckier P, Ferrannini G, Rydén L, Jankowski P, De Backer T, Gevaert S, De Bacquer D, De Smedt D; EUROASPIRE study group. Gender gap in risk factor control of coronary patients far from closing: results from the European Society of Cardiology EUROASPIRE V registry. *Eur J Prev Cardiol.* 2022 Mar 11;29(2):344-351. doi: 10.1093/eurjpc/zwaa144. PMID: 33624111.

Vynckier P, Ferrannini G, Kotseva K, Gevaert S, De Bacquer D, De Smedt D; EUROASPIRE V Investigators group. Gender differences in lifestyle management among coronary patients and the association with education and age: results from the ESC EORP EUROASPIRE V registry. *Eur J Cardiovasc Nurs.* 2022 Feb 3;zvab129. doi: 10.1093/eurjcn/zvab129. Epub ahead of print. PMID: 35134902.

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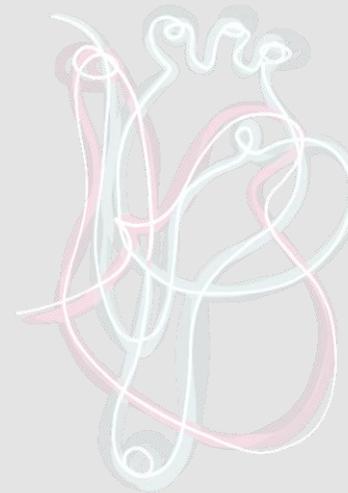
Vynckier P, De Sutter J, De Pauw M, De Backer G, Vervaeke P, Dendale P, Persu A, Van Genechten G, Chenu P, Kotseva K, Gevaert S, De Bacquer D, De Smedt D (under review).

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SEX AND GENDER DIFFERENCES IN THE MANAGEMENT AND OUTCOME OF CORONARY HEART DISEASE PATIENTS

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STUDIES & KEY RESULTS

Chapter 1 investigated gender differences in the medical management of patients with coronary heart disease (CHD).



The results show only limited sex/gender differences in the medical management of CHD patients. Current findings suggest growing awareness about risk in female CHD patients.

Chapter 2 provides an overview of contemporary gender differences in the risk factor control of coronary heart disease patients.



The risk factor control of CHD women is substantially worse compared with men despite little gender differences in cardiovascular medication intake.

Chapter 3 investigated gender differences in lifestyle advice provided by a healthcare professional and patients' lifestyle compliance.



Despite little gender differences in lifestyle advice provided by a healthcare professional, lifestyle compliance for physical activity is worse in CHD women.

Chapter 4 describes gender differences in patients' knowledge of risk factors and information provided by healthcare professionals.



The results showed only few gender differences in disfavor of women in terms of risk factor awareness and information provided by a healthcare professional.

Chapter 5 provides an overview on contemporary gender differences in HRQoL and their relationship with comorbidity burden among European coronary heart disease patients.



Substantial gender-based health inequalities in terms of HRQoL and psychological distress were found, in disfavor of women. Women had worse HRQoL outcomes when having comorbidities.

Chapter 6 provides an up-to-date overview of gender differences or similarities in risk factor control and medical management in the Belgian CHD population.



Despite little to no gender differences in the management of CHD patients, women still have a worse risk factor profile, both in Belgium and in other European high-income countries.

BACKGROUND

Coronary heart disease (CHD) is one of the leading causes of mortality and morbidity in Europe, resulting in high healthcare costs. The importance of secondary prevention to reduce the risk of recurrent coronary heart diseases is therefore well established. The European Society of Cardiology (ESC), together with other societies and organizations, has regularly updated guidelines to provide best practice in the prevention of cardiovascular diseases in both men and women. Nevertheless, CHD was previously considered as a disease that typically affected men and there was little awareness of the 'female heart'. In recent decades, more attention has been paid to women in secondary prevention of CHD. However, there is a lack of up-to-date evidence regarding women and secondary CHD prevention in daily clinical practice.

STUDY AIM



The general aim of this PhD-thesis is to provide an overview of how CHD women are managed in daily clinical practice in comparison with men and how disease outcomes differ across sex/gender. In more detail, a specific focus was given to sex and gender differences or similarities in medical treatment, patients' risk factor management, and their lifestyle management.

EUROASPIRE V

All analyses included in this PhD-thesis are based on the most recent EUROASPIRE V survey. After the publication of the updated JES guidelines in 2016, the EUROASPIRE V was conducted between 2016 and 2017, to evaluate these guidelines in daily clinical practice. Within each country and their serving hospitals, at least one geographical area with a predefined population was selected. The EUROASPIRE survey was conducted in 131 centers across 27 countries within the European Society of Cardiology. Consecutive patients (men and women) between 18 and 80 years old at the time of identification were retrospectively identified from diagnostic registers, hospital discharge lists or other sources. Patients had to be hospitalized with a first or recurrent coronary event.