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Available online 16 June 2011

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doi:10.1016/j.rec.2011.04.003

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Inequalities for Which We Have No Explanation, a Reproducible Phenomenon in Different Local Health Districts

Desigualdades para las que no tenemos explicación, un fenómeno reproducible en distintas áreas poblacionales

To the Editor,

We read with attention the article by Riesgo et al.¹ about sex-related differences in the treatment of patients with atrial fibrillation in which the authors convincingly demonstrate that the management of said disease is different in women. Our opinion is that this phenomenon has long been reproducible in any cardiovascular disease.²

Riesgo et al. point to these differences as the reason for more conservative management, which they attribute to the longer time course between presentation and diagnosis of the arrhythmia in women. On the other hand, the authors maintain that, by broadening the evaluation to cover a health district, their study design avoided the selection biases of other studies focused more specifically on tertiary care or referral centers for the treatment of atrial fibrillation, a circumstance that sometimes results in differences. At the end of the discussion section, the authors intuit certain inequalities for which they have no explanation.

A recent atrial fibrillation registry of 798 patients, with the participation of general practitioners in a region of Galicia in northwestern Spain,³ presents data that are fully reproducible since, despite their having a significantly shorter disease course than the men in the registry, fewer women had undergone electrical cardioversion (5% vs 10%) and more of them were being treated with digoxin (41% vs 30%). These results may again reflect the trend toward a sex-related conservative management, as occurs in other cardiovascular diseases, except that, in addition to failing to provide them with a beneficial treatment, in this case a higher proportion of women receives a treatment that is customarily associated with a worse adaptation to exercise, the

major indication for which in the latest guidelines for atrial fibrillation is an inactive lifestyle, and that “may cause (life-threatening) adverse effects and should therefore be instituted cautiously”.⁴

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Available online 14 June 2011

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doi:10.1016/j.rec.2011.03.026

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