Valeria Manicardi

Diabete: differenze di genere o differenza di cura tra donna e uomo ?

5 giugno 2020

DIRETTA LIVE FACEBOOK, h. 18

AMD ASSOCIAZIONE MEDICI DIABETOLOGI 1974 ANNO DI FONDAZIONE

SID Società Italiana di Diabetologia fondata dal 1964

sie Società Italiana Endocrinologia

SIEDP

Un'ora con AMD-SID-SIE-SIEDP

ValueRelations®

La Medicina di Genere

Sesso = **identifica le differenze biologiche**

Genere = **differenze socio-culturali, etniche, di ruolo, comportamentali tra l'uomo e la donna nella società**

e che sono determinanti di salute

Non è una nuova disciplina, ma un nuovo approccio

che attraversa tutte le discipline mediche

WHO : Women are not little men

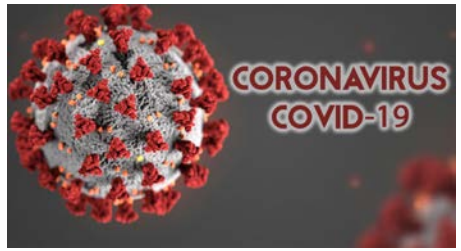
LA MEDICINA DI GENERE:
UNA MISSIONE PER IL TERZO MILLENNIO

Editoriale _2015 -Prof Baggio

1. **MALATTIE CARDIOVASCOLARI** . Maggiore mortalità nelle Donne x CHD.
   maggior Rischio di ICTUS se c'è FA
   minor TAO.
   Più rischio di Sc cardiaco
2. **FARMACOLOGIA : minor efficacia, maggiori effetti collaterali**
   Statine, ASA, ACE-I, B-Bloccanti, ecc
3. **CANCRO – ter ormonale sostitutiva + fumo→ > N Small Cell cancer**
   - DT2 > ADK nelle F .
4. **MALATTIE DEL FEGATO – steatosi epatica > M ; HCV > F**
5. **METABOLISMO OSSEO E OSTEOPOROSI: fratture > 65 a → > nelle D, ma**
   mortalità dopo Frattura anca > M
   Osteoporosi sottovalutata nel M

Necessità di ricostruire un equilibrio per capire come differenti segni clinici, procedure diagnostiche ed esigenze terapeutiche siano diverse in uomini e donne.

Un Esempio recente :
Differenze di Genere nel COVID 19



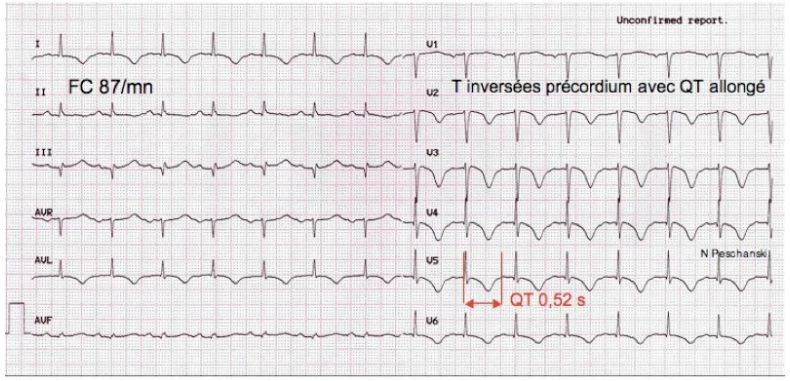
Anche nel Covid 19 ci sono delle differenze tra Donne e Uomini:

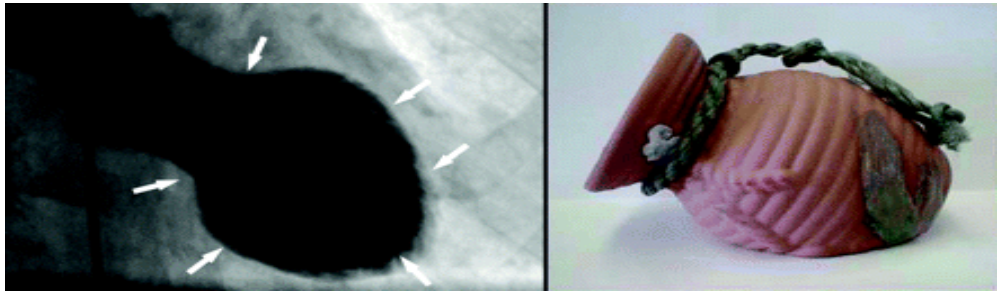
- **Le donne sembrano infettarsi di meno**
- **ma soprattutto sembrano avere forme meno severe**
- **Le donne si negativizzano più rapidamente**
- **Perché ?**

Lo studio di VO lo ha documentato

Il Cuore delle Donne.
La Sindrome di Takotsubo : Morire di crepacuore .
Perché solo nelle donne ?

Tako-tsubo
Cardiomyopathie de stress





l'ECG è quello di un Infarto acuto, ma alla Coronarografia non ci sono ostruzioni coronariche

Il cuore delle Donne con Diabete:
Pari Opportunità ....di rischio CV:

Le donne Diabetiche sono colpite da Infarto tanto come gli uomini:

- hanno perso la protezione ormonale dall'infarto in età fertile

Editorial

Type 2 Diabetes and Cardiovascular Risk in Women

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[2]*Chair of the Gender Medicine, University of Padua, Via Giustiniani 2, 35128 Padua, Italy*
[3]*Laboratory of Clinical Epidemiology of Diabetes and Chronic Diseases, Fondazione Mario Negri Sud, Via Nazionale 8/A, 66030 Santa Maria Imbaro, Italy*
[4]*Gender Medicine Unit, Division of Endocrinology and Metabolism, Department of Internal Medicine III, Medical University of Vienna, Währinger Gürtel 18-20, 1090 Vienna, Austria*

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Received 18 January 2015; Accepted 18 January 2015

Cardiovascular diseases (CVD) are the leading cause of death, also in diabetic women. Since 1998, when Haffner et al. [1] stated that subjects with type 2 diabetes mellitus (T2DM) had a CVD risk "equivalent" to previous myocardial infarction, a large number of studies have shown that this relative risk for CVD due to diabetes is greater in women than in men [2].

CVD in diabetic subjects is not entirely related to chronic hyperglycaemia and a number of other factors such as dyslipidemia, hypertension, hormonal, genetic, and environmental factors, as well as low-grade systemic inflammation and endothelial damage, lifestyle behaviours, adherence to therapies, and/or psychosocial factors may contribute to the worst outcomes observed in diabetic women. Notably, it is increasingly recognized that many of these factors show gender differences in their prevalence and/or association with CVD events, and this aspect should be specifically targeted when aiming at primary or secondary CVD prevention in diabetic subjects.

In this special issue, we looked at CVD in women with diabetes from different perspectives, giving a great contribution to this topic, in terms of mortality, management of risk factors, and therapies.

Two papers of this special issue looked at sex differences in CVD mortality associated with diabetes. One conducted on a large population-based sample from Italy demonstrated an excess of mortality in diabetic subjects as compared to nondiabetic ones and a greater impact of diabetes in females than in males for mortality for all causes, for CVD, and for myocardial infarction and renal causes. In the other study, G. Luo et al. showed in a retrospective analysis that fasting plasma glucose was an independent predictor of in-hospital mortality for nondiabetic female patients.

Gender-specific prevalence and management of major and emerging CVD risk factors in different populations were also the main topic of several papers of this special issue.

The paper by S. Chen et al., with a very interesting experimental protocol, clarified the relationships of albuminuria, a well-recognized CVD risk factor, with circulating levels of angiopoietin-1 (Ang-1), Ang-2, and vascular endothelial growth factor (VEGF) in serum and urine.

Potential gender differences in the distribution and control of major CVD risk factors were investigated in another three very large high-risk populations. Thus, in the eControl Study, a study on 286,791 patients with T2DM in Catalonia, Spain, J. Franch-Nadal et al. found that cardiometabolic control was worse in subjects with prior CVD; but control of several risk factors showed gender differences, favouring women with prior CVD only for smoking and BP, whereas LDL-cholesterol (LDL-C) levels were remarkably uncontrolled in women both with and without CVD.

The results of an overall bad control of LDL-C in women were also demonstrated in a very large Italian diabetic outpatient population from the Annals Study Initiative. This study, conducted on 415.294 patients (45.3% women) from

Registri N-Hanes:

- Riduzione della CHD nella pop generale
- **Non nel DM**
- **Aumento nelle Donne con DM**

Intern J Endocrinology ,2015

Excess risk of fatal coronary heart disease associated with diabetes in men and women: meta-analysis of 37 prospective cohort studies

Rachel Huxley, Federica Barzi, Mark Woodward

BMJ, 21 December 2006

RR F vs M nei 29 studi corretti per fattori confondenti = **1,49**

Le Donne Diabetiche hanno il 50% in più di **rischio di Eventi CV** fatali rispetto ai Maschi.

Cause :

- **Peggiore profilo di rischio CV**
- **Sottotrattamento con Statine, ASA, Antiipertensivi**
-

Abstract

Objective To estima
disease associated w
Design Meta-analys
Data sources Studi
identified through
word and MESH he
from the Asia Pacifi
Review methods S
estimates of the rela
comparing men an
were excluded if the
Results 37 studies
disease among a tot
rate of fatal coronar
diabetes than in tho
summary relative ri
patients with diabet
significantly greater among women than it was among men: 3.50, 95% confidence interval 2.70 to 4.53 *v* 2.06, 1.81 to 2.34.

Conclusions The relative risk for fatal coronary heart disease associated with diabetes is 50% higher in women than it is in men. This greater excess coronary risk may be explained by more adverse cardiovascular risk profiles among women with diabetes, combined with possible disparities in treatment that favour men.

Donne con DM2 hanno un rischio aumentato di eventi CV e di mortalità del 50 % rispetto ai maschi

found that only 35% of women with diabetes or cardiovascular disease were prescribed a statin compared with 45% of men with

States, women with diabetes were also less likely to be treated with aspirin and lipid lowering agents or to achieve recommended levels of blood pressure or low density lipoprotein cholesterol than were men.[40 41] Therefore more

Le donne con T2DM hanno anche un aumentato rischio di Stroke (ICTUS)

Diabetologia (2006) 49:2859–2865
DOI 10.1007/s00125-006-0493-z

ARTICLE

Risk of stroke in people with type 2 diabetes in the UK: a study using the General Practice Research Database

H. E. Mulnier · H. E. Seaman · V. S. Raleigh · S. S. Soedamah-Muthu · H. M. Colhoun · R. A. Lawrenson · C. S. De Vries

Age-adjusted HR for stroke in DM2 subjects vs non diabetic subjects was:
- 2.08 (95%CI:1.94-2.24) in men
- 2.32 (95%CI: 2.16-2.49) in women.

The increase in risk attributable to diabetes was highest
- in young women (HR 8.18; 95%CI 4.31-15.51) and decreased with age.

Table 4 Hazard ratios (95% CI) for stroke in diabetes compared with no diabetes stratified by sex and attained age-group

	All	Men	Women
Diabetes/no diabetes (*n*)	41,799/ 202,733	22,178/ 107,285	19,621/ 95,448
Age (years)			
35–54	5.64 (3.91–8.13)	4.66 (2.96–7.33)	8.18 (4.31–15.51)
55–64	3.81 (3.23–4.49)	3.31 (2.69–4.07)	4.89 (3.71–6.45)
65–74	2.54 (2.31–2.79)	2.35 (2.07–2.65)	2.83 (2.45–3.28)
75–84	1.90 (1.75–2.06)	1.69 (1.49–1.90)	2.10 (1.89–2.34)
≥85	1.69 (1.49–1.92)	1.60 (1.28–1.99)	1.74 (1.49–2.03)
All ages	2.19 (2.09–2.32)	2.08 (1.94–2.24)	2.32 (2.16–2.49)

Research Article

International Journal of Endocrinology
Volume 2017, Article ID 6039356, 9 pages

Sex Differences in the Effect of Type 2 Diabetes on Major Cardiovascular Diseases: Results from a Population-Based Study in Italy

MACE

Dati di Reggio E.

Paola Ballotari,[1,2] Francesco Venturelli,[3] Marina Greci,[4] Paolo Giorgi Rossi,[1,2] and Valeria Manicardi[5]

	UOMINI			DONNE		
EVENTO:	**SENZA DM2**	**CON DM2**	**IRR (95%CI)**	**SENZA DM2**	**CON DM2**	**IRR (95%CI)**
ICTUS	37.28	74.70	**1.86 (1.68-2.06)**	30.10	61.73	**1.81 (1.60-2.04)**
INFARTO	39.04	78.02	**1.78 (1.60-1.98)**	16.13	47.58	**2.58 (2.22-2.99)**
SCOMPENSO	**21.47**	**63.71**	**2.78 (2.48-3.12)**	**17.10**	**48.83**	**2.59 (2.27-2.97)**

Eccesso di Rischio di IMA nelle Donne con DT2 .

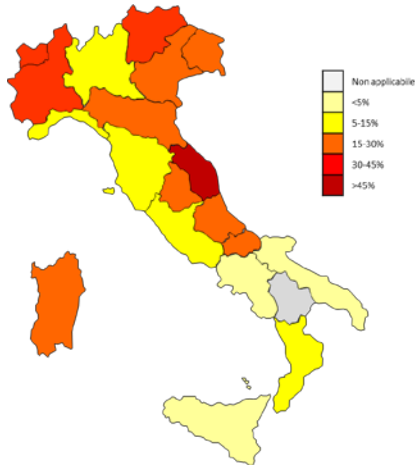
I Diabetici hanno un rischio aumentato di ICTUS , INFARTO e SCOMPENSO, ma le DONNE con DT2 hanno un RISCHIO di INFARTO >>> Maschi

La Medicina di Genere in Diabetologia nasce in AMD nel 2010 :

Cosa ci dicono gli Annali AMD sulle differenze di genere nel diabete di T1 e di T2 in Italia :

Esistono differenze genere (tra Donne e uomini) ?

- nella Qualità della Cura erogata ?
- nel profilo di rischio Cardio-Vascolare ?
- Nel trattamento e nella intensità della cura ?



Strumento indispensabile : Cartella Informatizzata SDC

anno 2011

Le 1° Monografie di genere

Differenze di Genere

Nel DT2 | **Nel DT1**

415.320 DT2 seguiti da 236 servizi in Italia nel 2009.

28.802 DT1 seguiti da 320 servizi di diabetologia in Italia nel 2011

2012

(Diabetes Care 36:3162-3168,2013).

2014

(PLOS One – Ottobre 2016)

Differenze di genere nel DT2

- **COMPENSO METABOLICO (HbA1c)**
- **PROFILO LIPIDICO (LDL-C)**
- **OBESITA' (BMI)**

Figure 1. Favorable outcomes in diabetic men and women and age (*AMD Annals*). The intermediate outcomes (target of HbA1c, PA, C-LDL, BMI) are systematically in favor of men, independently of age.

Profilo LIPIDICO

Il mancato raggiungimento dei target di LDL-C è sempre a sfavore delle Donne con DT2 :

- Sia trattate che non tratte con Statine

- le differenze aumentano con età e durata del DM.

Le Donne con DT2 più anziane sono a maggior rischio di CHD.

Hindawi Publishing Corporation
International Journal of Endocrinology
Volume 2015, Article ID 957105, 8 pages
http://dx.doi.org/10.1155/2015/957105

Hindawi

Research Article

Age- and Gender-Related Differences in LDL-Cholesterol Management in Outpatients with Type 2 Diabetes Mellitus

Giuseppina Russo,[1] Basilio Pintaudi,[2] Carlo Giorda,[3] Giuseppe Lucisano,[2] Antonio Nicolucci,[2] Maria Rosaria Cristofaro,[4] Concetta Suraci,[5] Maria Franca Mulas,[6] Angela Napoli,[7] Maria Chiara Rossi,[2] and Valeria Manicardi[8]

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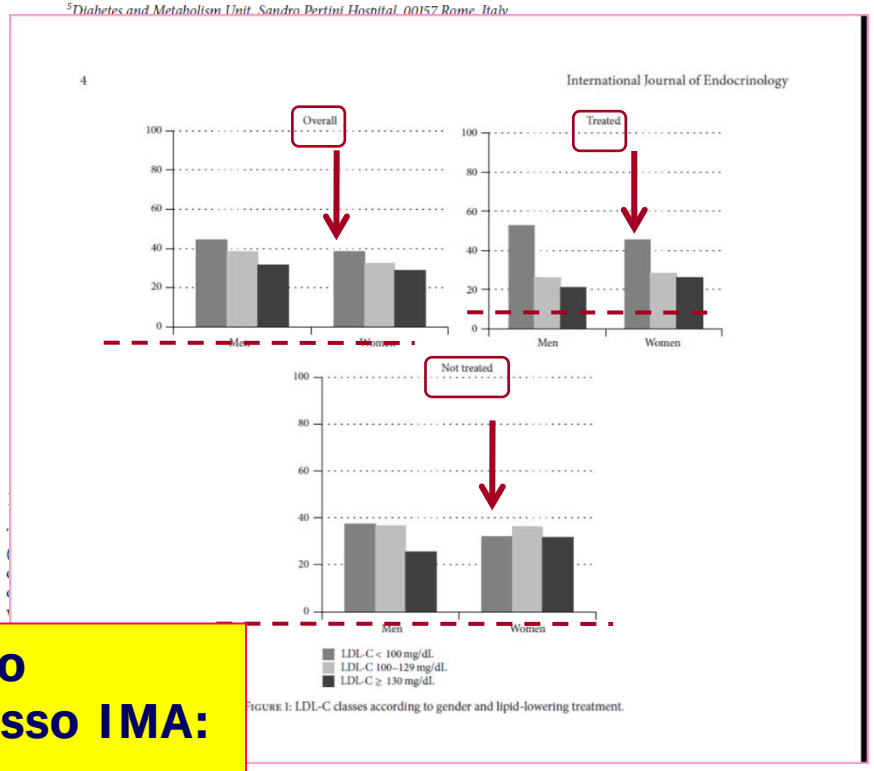
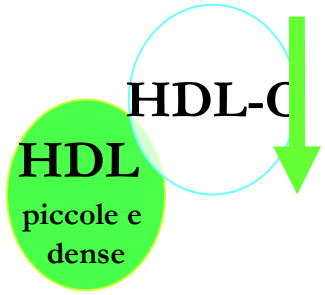


FIGURE 1: LDL-C classes according to gender and lipid-lowering treatment.

Donne DM2 senza CHD hanno lo stesso profilo sottopopolazioni HDL degli uomini con pregresso IMA: HDL meno ateroprotettiva *(Atherosclerosis, 2010:204)*



AMD ASSOCIAZIONE MEDICI DIABETOLOGI 1974 ANNO DI FONDAZIONE

SID Società Italiana di Diabetologia fondata dal 1964

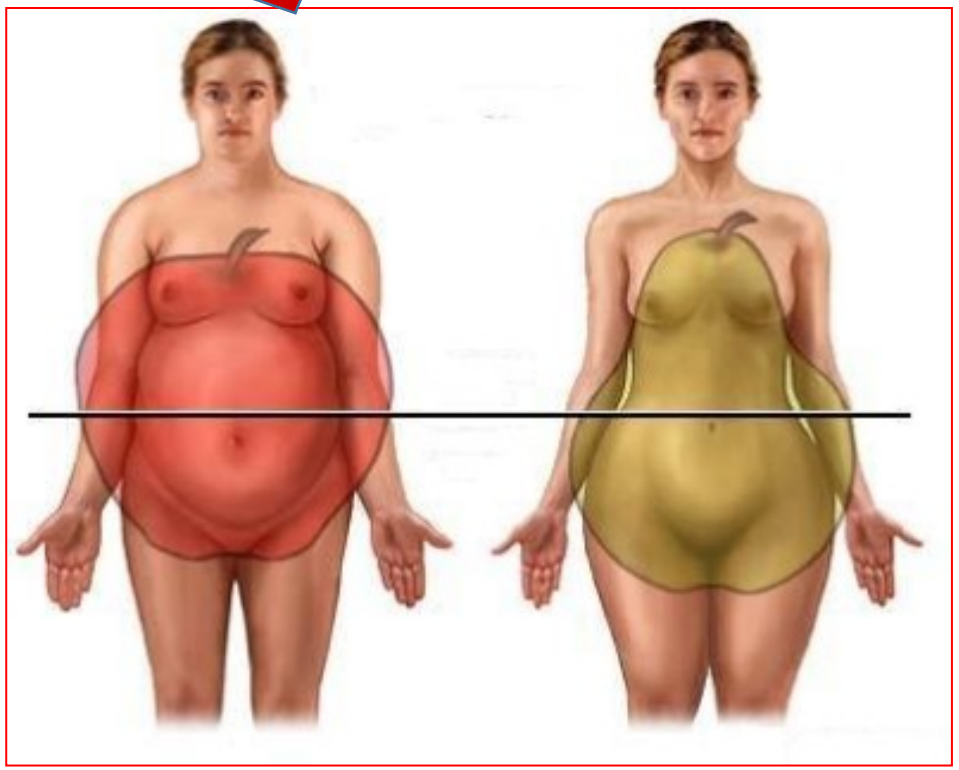
sie Società Italiana Endocrinologia

SIEDP

Un'ora con AMD-SID-SIE-SIEDP

ValueRelations

Le donne sono più obese : sta aumentando la Obesità Addominale (Viscerale) che correla con il rischio cardio-vascolare

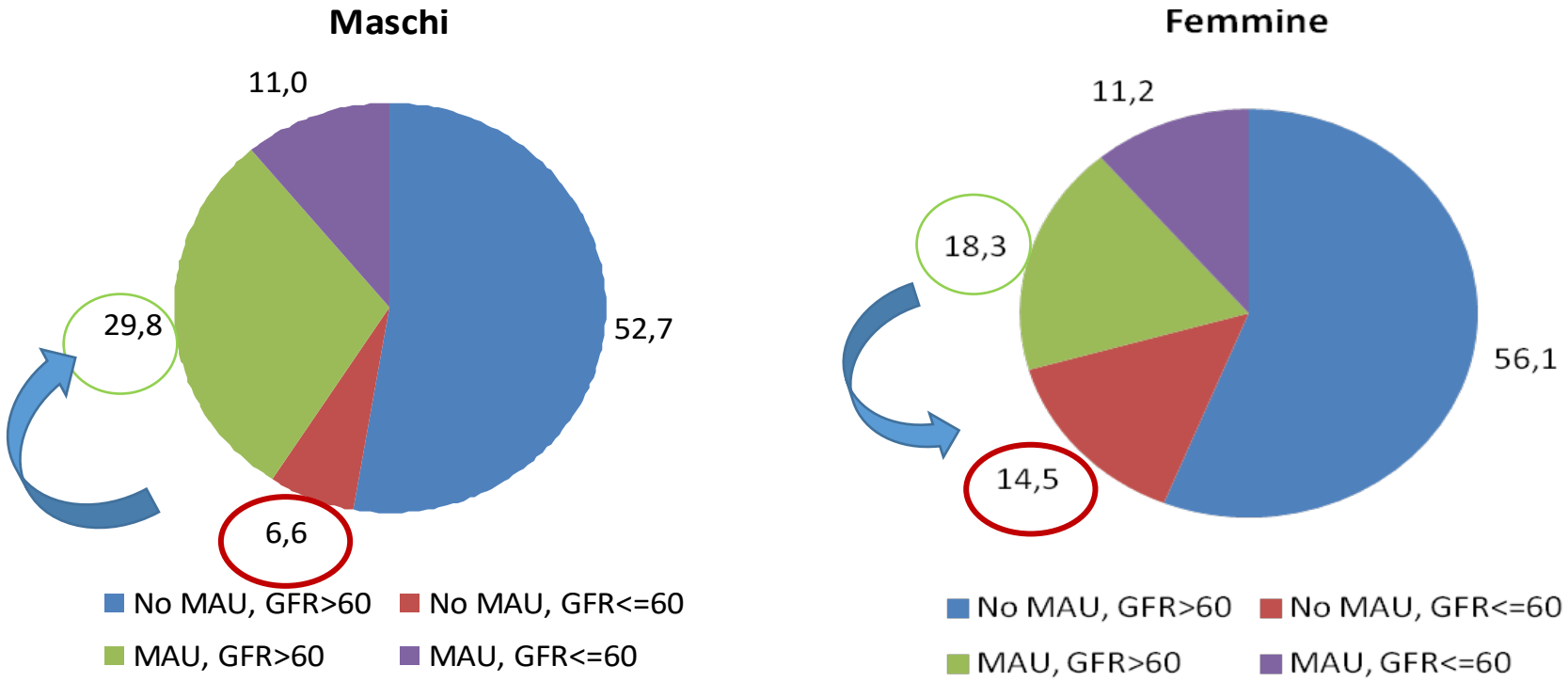


Donne: Circ Vita < 88 cm

Uomini: Circ Vita < 102 cm

Differenze di genere e funzione renale : presenza di MAU e di riduzione del GFR (%)

RENE



Nephrol Dial Transplant (2014) 29: 657–662
doi: 10.1093/ndt/gft506
Advance Access publication 6 January 2014

Kidney dysfunction and related cardiovascular risk factors among patients with type 2 diabetes

Salvatore De Cosmo[1], Maria Chiara Rossi[2], Fabio Pellegrini[2], Giuseppe Lucisano[2], Simonetta Bacci[1], Sandro Gentile[3], Antonio Ceriello[4], Giuseppina Russo[5], Antonio Nicolucci[2], Carlo Giorda[6], Francesca Viazzi[7], Roberto Pontremoli[7] and the AMD-Annals Study Group

Il genere influenza le scelte Terapeutiche ?

European Heart Journal (2011) **32**, 1337–1344
doi:10.1093/eurheartj/ehr027

CLINICAL RESEARCH

Factors influencing underutilization of evidence-based therapies in women†

Raffaele Bugiardini[1]*, Andrew T. Yan[2], Raymond T. Yan[2], David Fitchett[2], Anatoly Langer[2], Olivia Manfrini[1], and Shaun G. Goodman[2], on behalf of the Canadian Acute Coronary Syndrome Registry I and II Investigators*

[1]Dipartimento di Medicina Interna, Cardioangiologia, Epatologia (Padiglione 11), University of Bologna, Via Massarenti 9, 40138 Bologna, Italy; and [2]Terrence Donnelly Heart Centre, Division of Cardiology, St. Michael's Hospital, University of Toronto and the Canadian Heart Research Centre, Toronto, Ontario, Canada

Received 18 October 2010; revised 8 January 2011; accepted 25 January 2011; online publish-ahead-of-print 7 March 2011

See page 1313 for the editorial comment on this article (doi:10.1093/eurheartj/ehr083)

Aims Previous studies have reported differences in the use of cardiovascular medications for acute coronary syndromes (ACSs) according to the sex of the patient. We analysed which clinical factors are associated with underutilization of evidence-based therapies in women.

Methods and results From the Canadian Registry of ACS I and II, 6558 patients (4471 men and 2087 women) with a final diagnosis of ACS were selected for the current analysis. Covariates were chosen using the approach described by Blackstone. The final selected model included 23 patient clinical variables. Women were less likely than men to receive beta-blockers (75.76 vs. 79.24%; $P < 0.01$), lipid-modifying agents (56.37 vs. 65.44%; $P < 0.0001$), and angiotensin-converting enzyme (ACE)-inhibitors (55.52 vs. 59.99%; $P < 0.01$). Female sex and clinical decision not to investigate with cardiac catheterization were the strongest independent predictors for not receiving lipid-modifying agents and ACE-inhibitors. Age, Killip class 2, and Killip class 3/4 were significant independent predictors of underutilization of beta-blocker use. Women were older (69 ± 12 vs. 64 ± 12; $P < 0.01$) with a higher prevalence of Killip class ≥ 2 (19.95 vs. 15.54%; $P < 0.068$), and they were less likely to be referred for cardiac catheterization (41.9 vs. 49.6%; $P < 0.001$).

Conclusions The current findings demonstrate that underutilization of evidence-based therapies in women with ACS compared with men is associated with multiple factors related to the patient (age), the consequences of the disease (congestive heart failure), and the physician's assessment of patient risk (decision to catheterize). Female gender remains associated with underutilization of lipid-modifying agents and ACE-inhibitors despite adjustment for these confounders.

Keywords Women • Evidence-based therapies

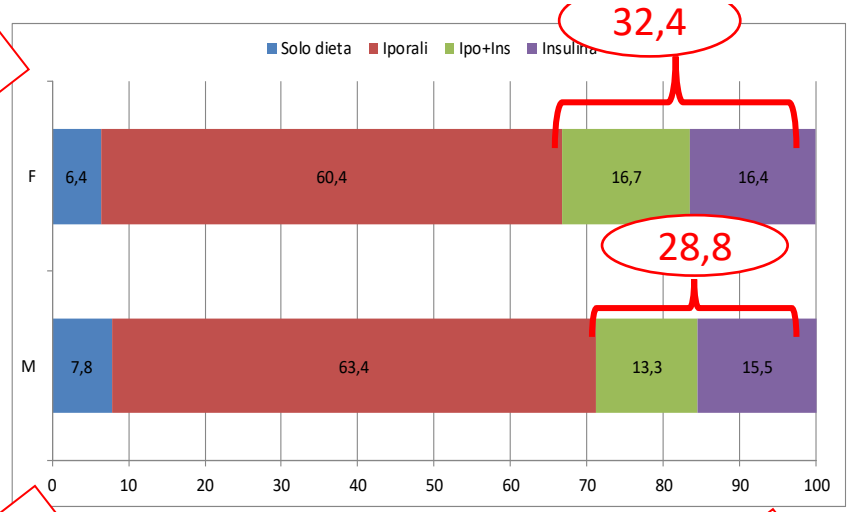
Il genere femminile Resta un predittore indipendente di sotto Utilizzo di Statine e ACE-I

Sottotrattamento delle donne con Diabete vs uomini

WHO : Women are not little men

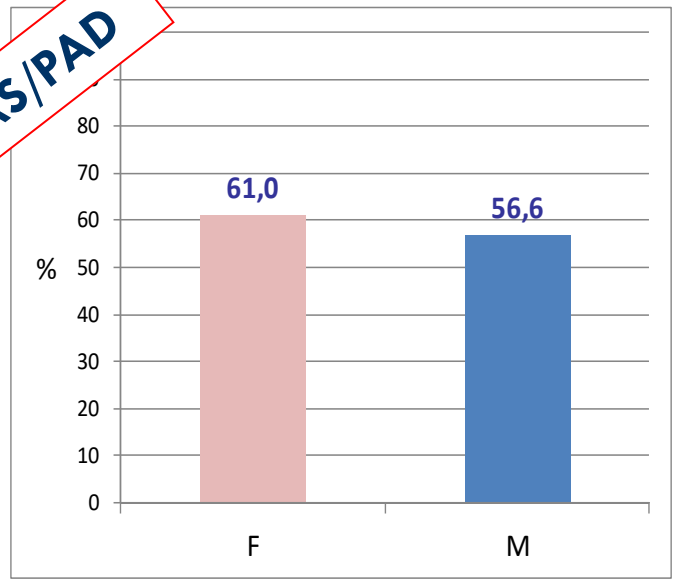
DT2 – Trattamento del diabete in Italia (2011): Appropriatezza e Intensità

Compenso metabolico



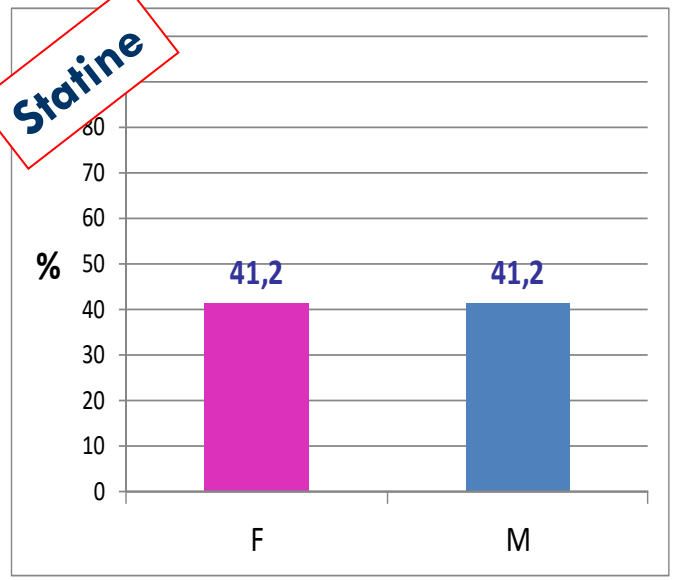
Le donne con DT2 sono trattate più intensamente :
con Insulina e Insulina + Ipo-Orali

PAS/PAD



Le donne sono più trattate con farmaci antiipertensivi e con più di 2 farmaci.

Statine

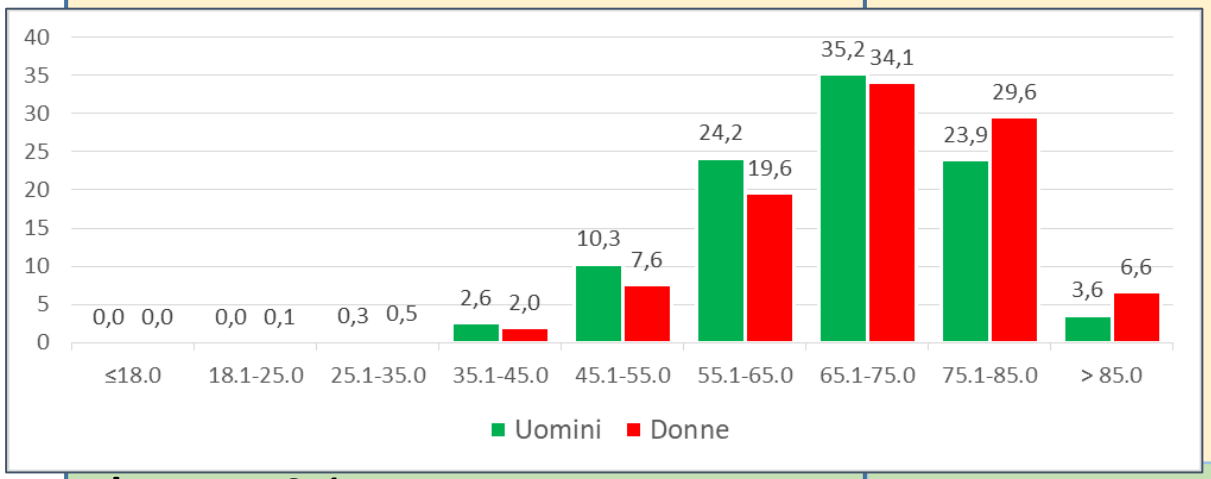


Stessa % di M e F trattati con statine

Dopo 6 anni cosa è cambiato ? DT2

222 servizi di diabetologia nell'anno 2016.

Indicatore	2011 DT2 Maschi (M) (%)	2011 DT2 Femmine (F) (%)	2011 DT2 Delta F-M (%)	2016 DT2 Maschi (M) (%)	2016 DT2 Femmine (F) (%)	2016 DT2 Delta F-M (%)
N	227.169	188.125		242.422	184.696	
		92,2	-0,4	96,9	97,0	+0,1
		72,4	-1,7	72,5	72,1	-0,4
						1
						0
						6
		12,1	-1,9	21,3	19,0	-2,3
HbA1c ≤7,0%	45,5	41,7	-3,8	52,6	48,8	-3,8
HbA1c >8,0%	26,9	29,1	+2,2	18,7	21,2	+2,5
HbA1c >9,0% nonostante il trattamento con insulina	47,3	37,6	-9,7	30,1	24,6	-5,5

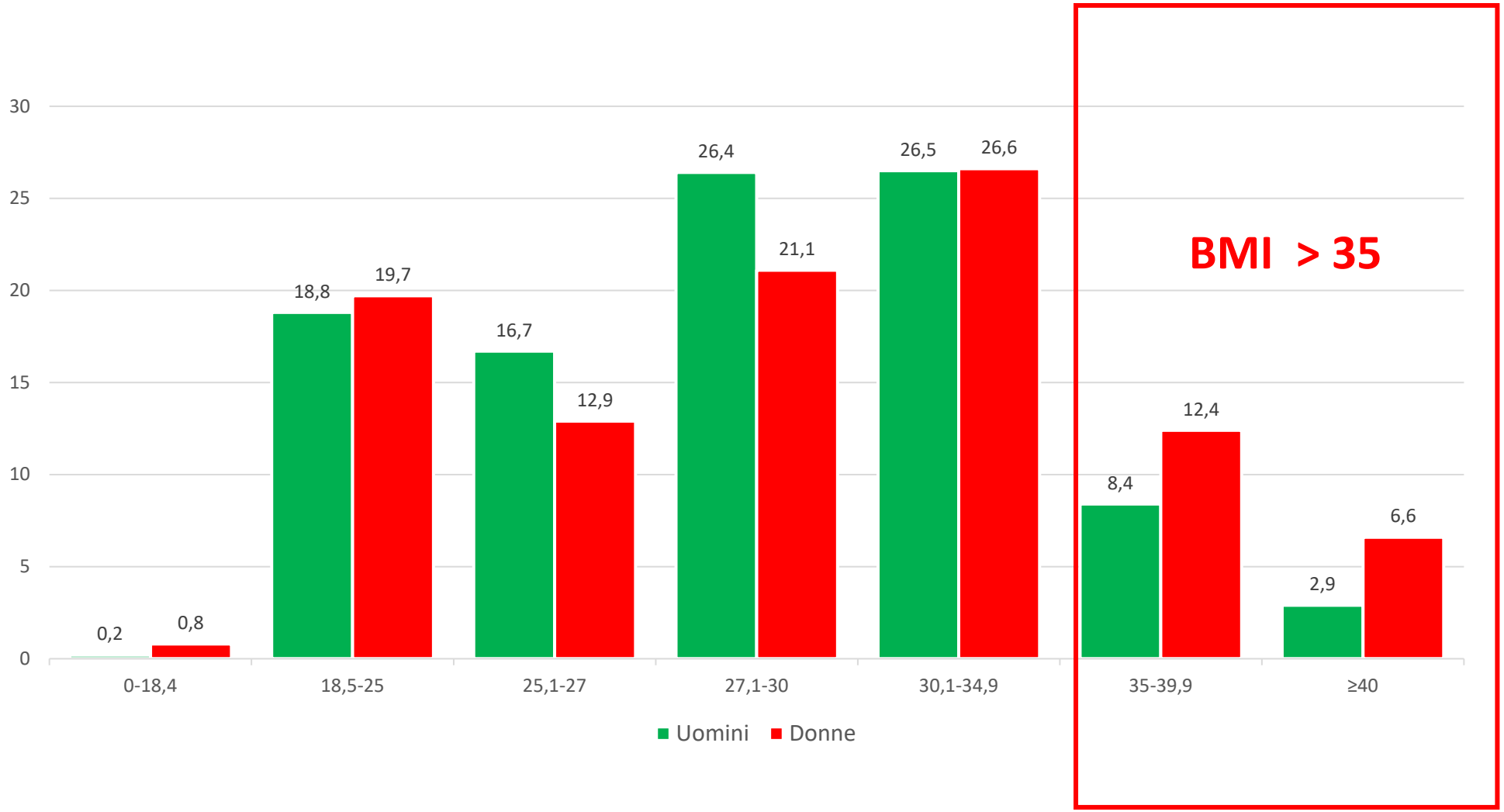


SI confermano le stesse differenze a sfavore delle Donne : meno donne che riescono ad ottenere una HbA1c <= 7 % /53 mmol) e più donne con HbA1c > 9% (75 mmol)

Dopo 6 anni cosa è cambiato ?

Indicatore	2009 DT2 Maschi (M) (%)	2009 DT2 Femmine (F) (%)	2009 DT2 Delta F-M (%)	2016 Maschi (M)(%)	2016 Femmine (F) (%)	2016 Delta F-M (%)
C-LDL <100 mg/dl	44,6	38,4	-6,2	62,7	53,9	-8,8
C-LDL ≥130 mg/dl	23,6	28,9	+5,3	12,7	17,6	+4,9
C-LDL ≥130 mg/dl non trattati con statine	58,5	58,3	-0,2	52,3	51,6	-0,7
C-LDL ≥130 mg/dl nonostante terapia con statine	21,1	25,9	+4,8	10,1	14,3	+4,2
Pressione arteriosa <140/90 mmHg	43,8	41,9	-1,9	52,1	52,6	+0,5
Pressione arteriosa ≥140/90 mmHg	56,2	58,1	+1,9	47,9	47,4	-0,5
Pressione arteriosa ≥140/90 mmHg non trattati	34,2	29,8	-4,4	28,4	23,7	-4,7
Pressione arteriosa ≥140/90 mmHg nonostante il trattamento	60,5	62,2	+1,7	50,0	49,9	-0,1
Trattamento ipolipemizzante	41,2	41,2	0,0	56,7	55,9	-0,8
Trattamento antiipertensivo	56,6	61,0	+4,4	67,5	71,3	+3,8
Score Q <15	7,2	8,5	+1,3	4,6	5,4	+0,8
Score Q >25	38,8	34,2	-4,6	52,7	50,0	-2,7
BMI >=30 Kg/m^2	37,1	46,8	+9,7	38,0	45,8	+7,8
Fumatori	21,5	11,8	-9,7	20,5	12,2	-8,3

BMI per genere : Annali 2018



Più donne con gradi di obesità medio-severa

Circulation 2016

AHA Scientific Statement

Acute Myocardial Infarction in Women

A Scientific Statement From the American Heart Association

Abstract—Cardiovascular disease is the leading cause of mortality in American women. Since 1984, the annual cardiovascular disease mortality rate has remained greater for women than men; however, over the last decade, there have been marked reductions in cardiovascular disease mortality in women. The dramatic decline in mortality rates for women is attributed partly to an increase in awareness, a greater focus on women and cardiovascular disease risk, and the increased application of evidence-based treatments for established coronary heart disease. This is the first scientific statement from the American Heart Association on acute myocardial infarction in women. Sex-specific differences exist in the presentation, pathophysiological mechanisms, and outcomes in patients with acute myocardial infarction. This statement provides a comprehensive review of the current evidence of the clinical presentation, pathophysiology, treatment, and outcomes of women with acute myocardial infarction. (*Circulation*. 2016;133:00-00. DOI: 10.1161/CIR.0000000000000351.)

BMI=>30 : F 45,8%

Obesity and Type 2 DM

compared with lean women.[169] Obesity is a major risk factor for AMI in women and increases their risk almost 3-fold.[170] The risk of AMI associated with the metabolic syndrome is higher in younger women than any of the other groups, increasing their odds of AMI almost 5-fold.[171] DM, related to obesity and the metabolic syndrome, is associated with a higher relative risk of coronary events in women compared with men, in part as a result of a higher rate of coexisting risk factors in women with DM[170] and better survival (relative to men) of women without DM.[172] DM is an especially powerful risk factor in young women, increasing their risk of CHD, including ACS, by 4- to 5-fold.[173] For both men and women with DM, mortality after STEMI or UA/NSTEMI is significantly increased compared with their nondiabetic counterparts at 30 days and 1 year.[174]

OBESITA':
Maggior fattore di rischio di Infarto nella donna(x3)

S.Meabolica e DM : x 4 - 5
Nelle donne giovani

ANNALI 2011

Ital J Gender-Specific Med 2016; 2(2): 60-68

Gender differences in type 2 diabetes (Italy)

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Key messages

- Gender-differences have been reported in diabetic patients: in Italy they are less pronounced than in other countries, but it exists despite equal access to specialist care.
- The likelihood to reach metabolic targets (HbA1c, LDL-C, BMI, PA) is systematically unfavorable in diabetic women as compared with men.
- Diabetic women have a worse lipid profile than men, and have a 2-fold higher CHD risk compared
- Pathophysiological factors are involved in the greater difficulty to reach LDL-C targets in diabetic women, despite the same drug treatment in Italy.

enze di genere nell'utilizzo di questi farmaci.
ologici, e non solo, non ancora del tutto cono-
ono queste differenze e vanno esplorati.
e: genere, diabete di tipo 2, rischio cardiova-

Nel DT2 in Italia ci sono differenze a sfavore delle donne (meno evidenti che in altri paesi), ma non ci sono sottotrattamenti nelle donne

Ci sono differenze di Genere : SI'

quali le ragioni ?

- ✓**Differente accessibilità alle cure ? – NO**
- ✓**Differente trattamento ? – NO**
- ✓**Differente raggiungimento degli obiettivi terapeutici ?- SI'**
- e **controllo dei fattori di rischio CV nel DT2**

- ✓**Differente aderenza alla terapia ?**
- ✓**Differenze biologiche ?**
- ✓**Diversa risposta ai farmaci ?**

Ricerca

Ricerca sugli animali

Ricerca sugli umani

Donne poco rappresentate nei trials clinici!!!!

RISPOSTA alle STATINE , all' ASPIRINA.....

Statin Therapy for Secondary Prevention: Is There a Gender Difference? Test for Interaction in Meta-Analysis Revisited

Gutierrez et al,[1] in an analysis of 11 trials with 43,193 patients, concluded that statin therapy has no benefit on stroke and all-cause mortality in women. The investigators found statistically significant 21% and 18% reductions in mortality and stroke with statins for men but only 19% and 8% reductions in women, which did not reach statistical signifi-

Statine e ASA in prev 2aria
Meno efficaci nelle donne

1 – donne meno rappresentate

2 – la terapia con Statine non ha effetti benefici sullo Stroke e su tutte le cause di morte nelle Donne Diabetiche in Prev 2aria.

- I pazienti che interrompono le statine dopo un IMA hanno una maggiore probabilità di morire (circa 3 volte).
- L'effetto dell'interruzione delle statine è maggiore rispetto a beta-bloccanti ed ASA.

RESISTENZA alle Statine o Discontinuità terapeutica ?
Le donne interrompono la terapia più spesso degli uomini ???

E nel DT1 ?

PLOS ONE

RESEARCH ARTICLE

Gender-Disparities in Adults with Type 1 Diabetes: More Than a Quality of Care Issue. A Cross-Sectional Observational Study from the AMD Annals Initiative

Valeria Manicardi[1☯], Giuseppina Russo[2☯], Angela Napoli[3☯], Elisabetta Torlone[4☯], Patrizia Li Volsi[5☯], Carlo Bruno Giorda[6☯], Nicoletta Musacchio[7☯], Antonio Nicolucci[8☯], Concetta Suraci[9☯], Giuseppe Lucisano[8☯], Maria Chiara Rossi[8☯*], AMD Annals Study Group[¶]

Annali 2018 vs 2011

INDICATORI di ESITO INTERMEDIO	Donne	Uomini
Soggetti con HbA1c ≤ 7,0%	25,3	30,8
Soggetti con HbA1c ≥ 8,0%	39,4	34,4
Soggetti con colest.LDL < 100 mg/dl	49,4	49,4
Soggetti con colest.LDL ≥ 130 mg/dl	16,4	17,2
Soggetti con PA ≥ 140/90 mmHg	24,3	30,7
Soggetti con BMI ≥ 30 Kg/m²	13,0	11,8
Soggetti con micro/macroalb (%)	23,0	28,7
Soggetti con eGFR <60 mg/dl*1.73 m² (%)	8,3	6,7
Soggetti fumatori (%)	21,6	30,1

F-M: - 5
F-M: +5

F-M: + 6

Differenze M-F

A target :
M: 1 su 3
F: 1 su 4

Terapia ?

Le Donne con DT1 sono più trattate con Microinfusori da Insulina

- Il compenso migliora sia nei M che nelle F con il Micro

MDI: 1 donna su 4 è a target per HbA1c → CSII : 1 donna su 3 è a target

L'assistenza al Diabete in Italia (SSN)

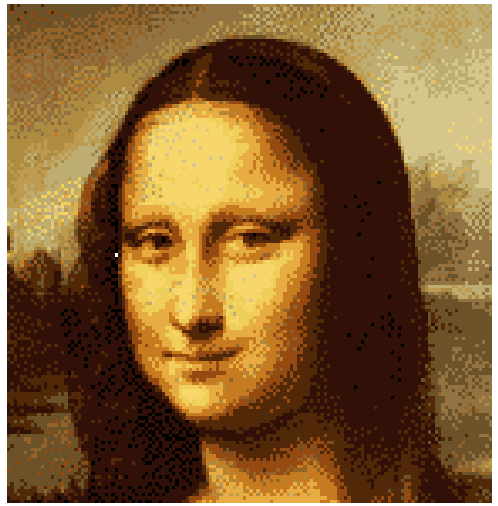
Non ci sono differenze nella qualità di cura erogata e nei trattamenti nella Rete Italiana dei servizi per il Diabete , ma esiti peggiori per le donne

Come ridurre il Rischio CV delle Donne con Diabete T2?

- Trattare subito !
- Verificare l'aderenza alle cure
- Intensificare i trattamenti

  tenendo conto delle differenze

per raggiungere i target desiderati

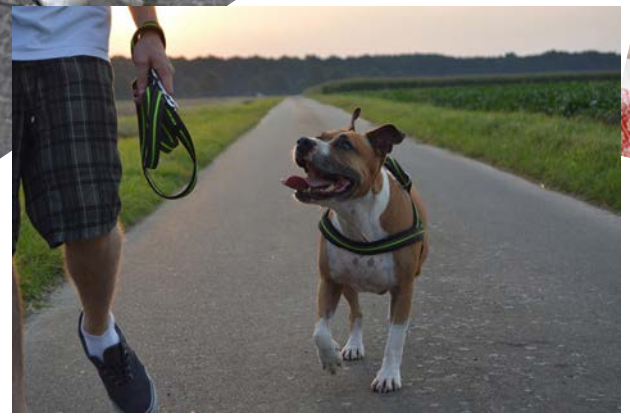


- **Nel DT1 non trascurare gli altri FdR :** Pressione Arteriosa, Lipidi /colesterolo, Fumo….

Ma

Le donne sono più obese

→ Fanno meno attività fisica ?



…….cambiare anche i ruoli sociali ……

AMD ASSOCIAZIONE MEDICI DIABETOLOGI 1974 ANNO DI FONDAZIONE

SID Società Italiana di Diabetologia fondata dal 1964

sie Società Italiana Endocrinologia

SIEDP

Un'ora con AMD-SID-SIE-SIEDP

ValueRelations

Un'ora con AMD-SID-SIE-SIEDP

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SIEDP Società Italiana di Endocrinologia e Diabetologia Pediatrica

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