

ABSTRACT TEMPLATE

Title: The relationship between gender identity and major adverse cardiovascular events

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Background: Research suggests that gender identity, i.e. individual's perception of how masculine or feminine they are, impacts cardiovascular (CV) morbidity. Masculinity has been found to be associated with increased risk for CV disease. The relationship between gender identity and Major Adverse Cardiovascular Events (MACE) warrants further study.

Objective: To assess the relationship between gender and MACE.

Methods: A total of 472 patients (mean age = 62 yrs; 31% women) referred for myocardial perfusion stress testing completed a sociodemographic and medical history questionnaire. To evaluate the occurrence of MACE, patients were followed for two years and completed a medical history questionnaire. At year 2, they completed the BEM Sex Role Inventory, which measures masculinity, femininity, androgyny, and undifferentiated.

Results: During follow-up, 76 (16%) of the participants had a MACE. Controlling for age, sex, and history of any CV disease, logistic regression revealed that femininity did not predict the occurrence of any MACE (RR = 0.92; 95% CI, 0.59-1.44). However, a non-significant trend was found such as each point increase in masculinity was associated with 29% increased risk in having MACE (RR = 1.29; 95% CI, 0.95-1.75). Moreover, when compared to undifferentiated individuals, androgyny conferred greater risk of MACE, although this relationship was not significant (RR = 1.22; 95% CI, 0.66-2.28).

Conclusion: In the present study, masculinity and femininity were not associated with the occurrence of MACE, but a non-significant trend for greater risk of MACE associated with masculinity was found. Further studies are needed to determine the effect of gender and sex on cardiac health.

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