

Leslie Diamond Women's Heart Health Registry: MINOCA and INOCA

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Leslie Diamond Women's
Heart Health Clinic



Does a women's heart center improve clinical outcomes in women with MINOCA and INOCA?

- Single center registry of 359 women (Jan 2017-Sept 2023) with INOCA and MINOCA
- 298 1 year f/u, 237 3 year f/u, 169 5 year f/u
- Goal: 500 with 5 year f/u
- Set up through REDCAP
 - Questionnaires released automatically at baseline, 1/3/5 years (QOL, SAQ, mental health, hospital and ED visits, medications)
 - Research coordinators, volunteers, and students extract baseline data and f/u events from iclinic and care connect

Funding

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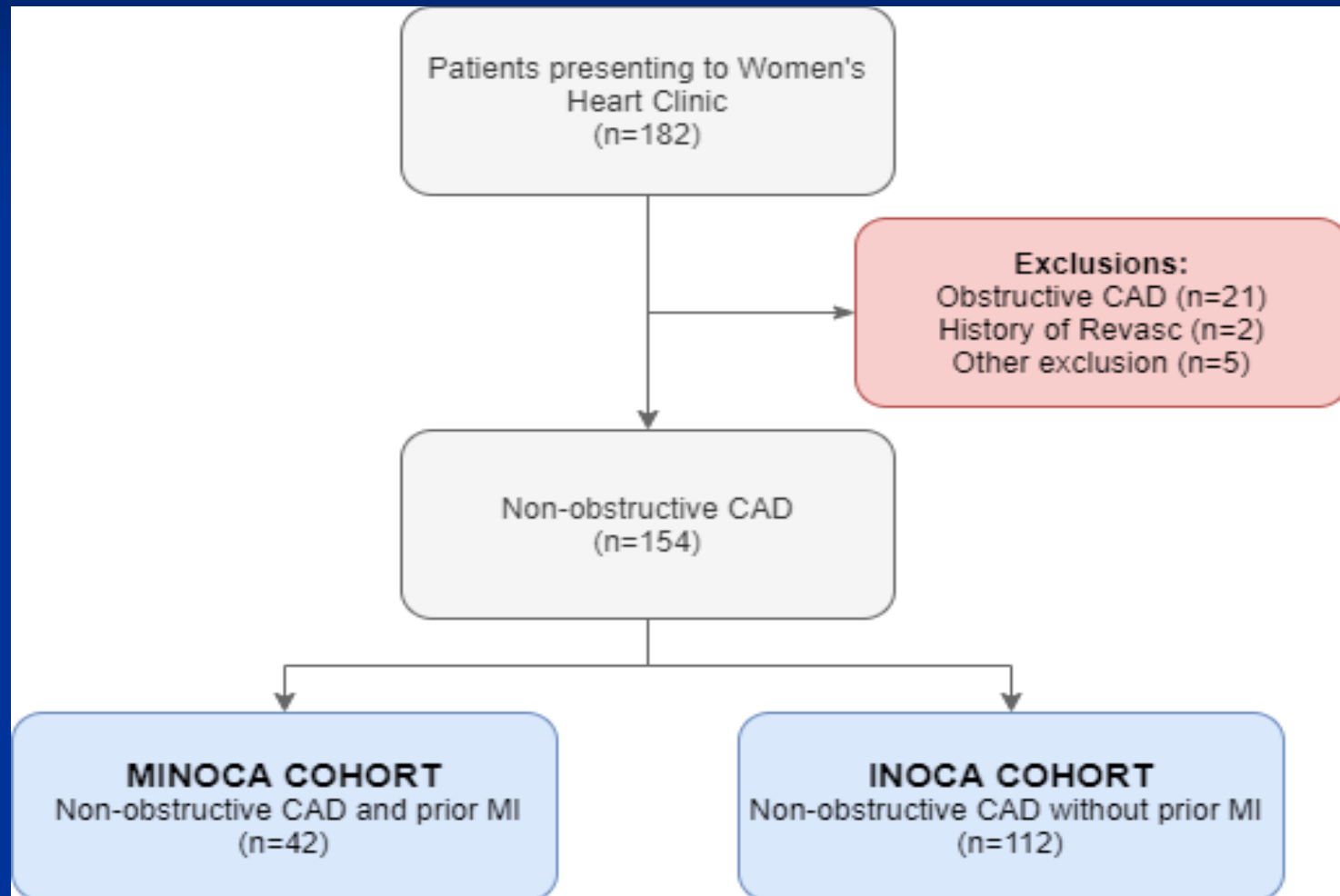
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Clinical Research

One-Year Prospective Follow-up of Women With INOCA and MINOCA at a Canadian Women's Heart Centre

Mahraz Parvand, MSc,^{a,b} Lily Cai, BA,^a Siavash Ghadiri, MD,^{a,b} Karin H. Humphries, DSc,^b
Andrew Starovoytov, MD,^{a,b} Patrick Daniele, MSc,^b Natasha Prodan-Bhalla, DNP,^c and
Tara L. Sedlak, MD^{a,b,c}

Vancouver WHC Experience

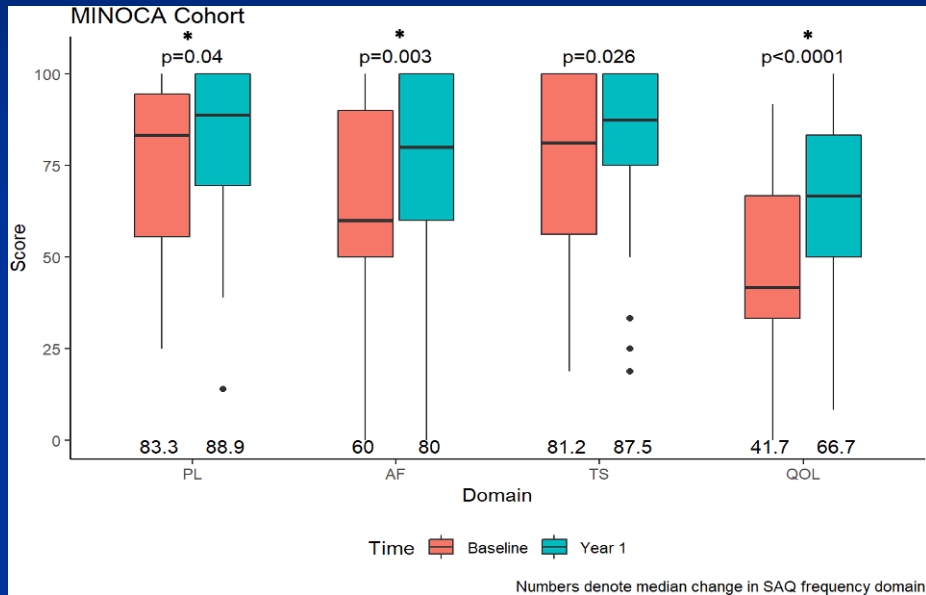


INOCA and MINOCA Diagnosis Pre- and Post- WHC Entry

	INOCA (N=112)	INOCA (N=112)	MINOCA (N=42)	MINOCA (N=42)
	Pre-clinic Diagnosis	Post-WHC Diagnosis	Pre-clinic Diagnosis	Post-WHC Diagnosis
Arrhythmia	3 (2.7%)	3 (2.7%)	0 (0.0%)	1(2.4%)
Non-obstructive CAD	9 (8.0%)	4 (3.6%)	2 (4.8%)	2 (4.8%)
Microvascular	14 (12.5%)	77 (68.8%)	1 (2.4%)	6 (14.3%)
Definitive Microvascular	0 (0.0%)	9 (8.0%)	0 (0.0%)	3 (7.1%)
Probable Microvascular	14 (12.5%)	68 (60.7%)	1 (2.4%)	3 (7.1%)
Myocarditis	0 (0.0%)	0 (0.0%)	1 (2.4%)	2 (4.8%)
SCAD	0 (0.0%)	0 (0.0%)	1 (2.4%)	2 (4.8%)
Takotsubo	1 (0.9%)	1 (0.9%)	4 (9.5%)	3 (7.1%)
Vasospasm	10 (8.9%)	15 (13.4%)	15 (35.7%)	25 (59.5%)
Definitive Vasospasm	0 (0.0%)	2 (1.8%)	0 (0.0%)	2 (4.8%)
Probable Vasospasm	10 (8.9%)	13 (11.1%)	15 (35.7%)	23 (54.8%)
No diagnosis	75 (66.9%)	12 (10.7%)	18 (42.9%)	1 (2.4%)

Angina and QoL

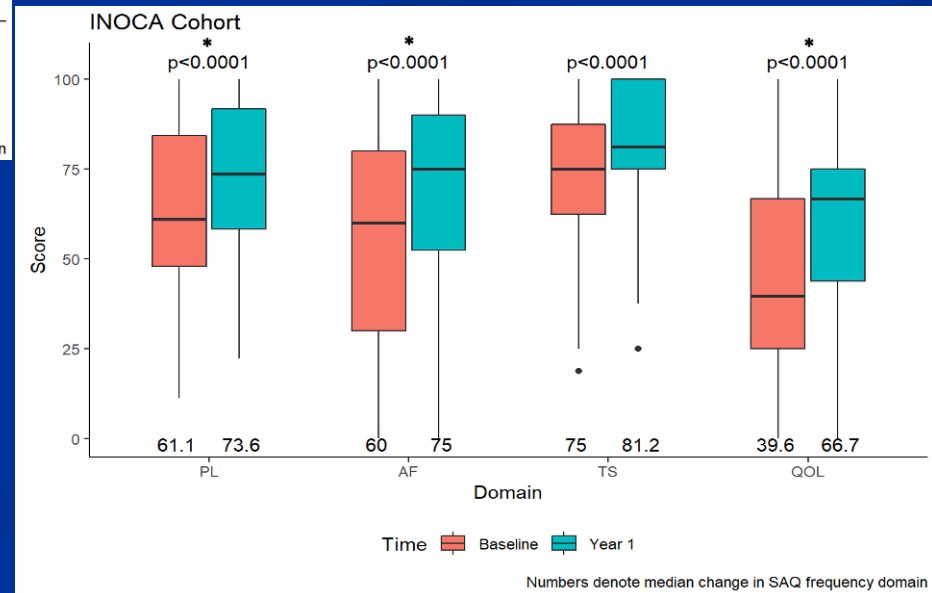
Pre- and Post- WHC Entry



MINOCA

- Decrease in ED visits from 46 (41.1%) to 32 (28.6%)
- Decrease in angina hospitalizations from 12 (10.7%) to 2 (1.8%)

INOCA



Mental Health

- Attendance at a WHC significantly improved mental health

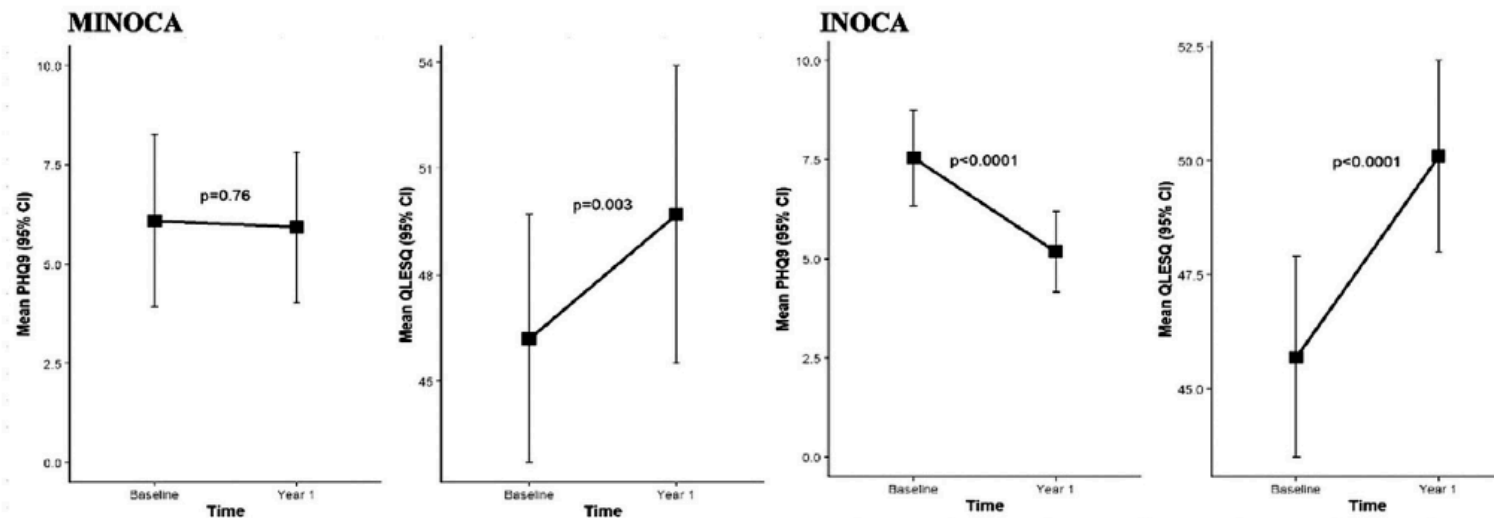
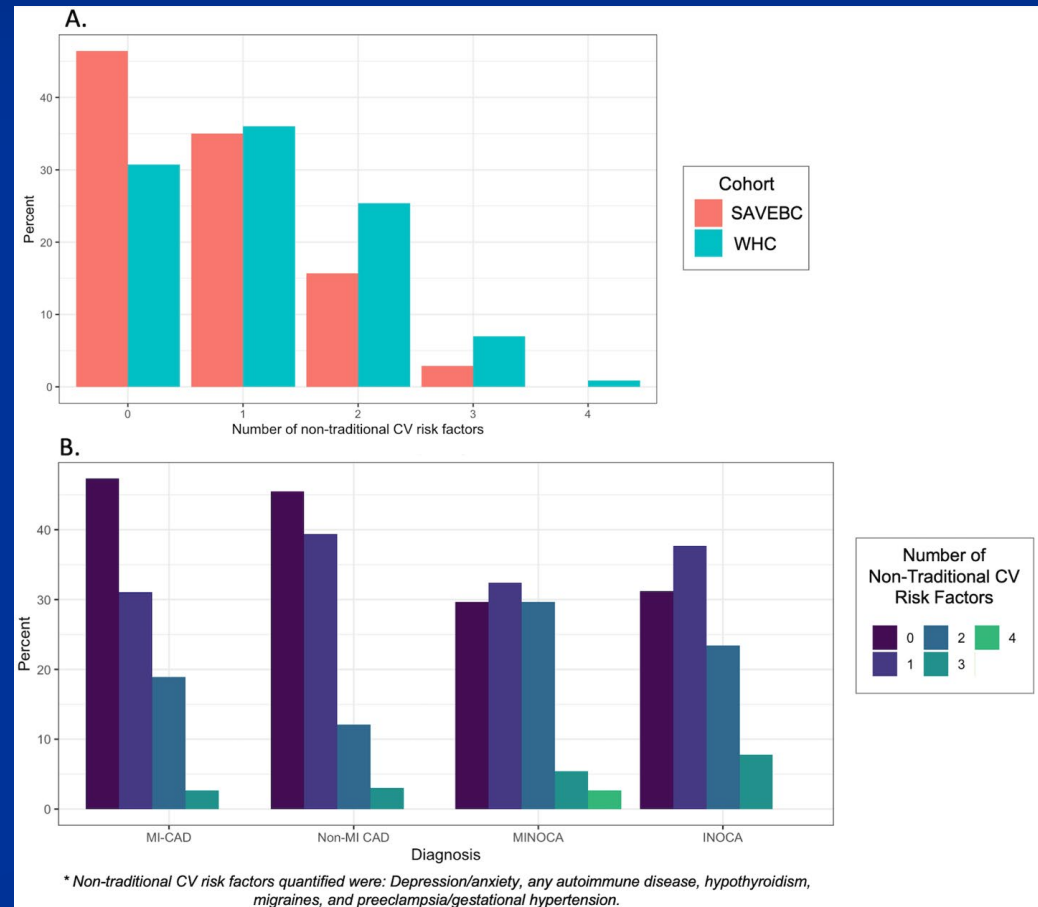


Figure 6. Mean changes in Patient Health Questionnaire (PHQ9-depression) and Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q QoL) from baseline to 1-year follow-up. CI, confidence interval; INOCA, ischemia with no obstructive coronary artery disease; MINOCA, myocardial infarction with no obstructive coronary artery disease.

What are risk factors in young women with MINOCA and INOCA?

- Compared traditional and non-traditional risk factors between young women with INOCA/MINOCA in WHC database to CAD patients in SAVE BC
- Non-traditional risk factors are common in INOCA/MINOCA



Ranolazine for Symptomatic Management of Microvascular Angina

Erin Rayner-Hartley, MD, Mahraz Parvand, BSc, Karin H. Humphries, DSc,
Andrew Starovoytov, MD, Julie E. Park, MMath, and Tara Sedlak, MD*

- Compassionate release program in Canada
 - 31 patients with CCS 3-4 angina, SAQ, QOL questionnaires before and after and ER visits/admissions
 - 80% improvement in 3 of the 4 SAQ domains and in QOL
 - Decreased interaction with health care system (93.5% to 35.5%, $p < 0.001$)

Future/Current Projects

WORK SAFE BC

Applied Innovation 2023 Grant Application



Research objective or questions

Our research objective is to determine the employment characteristics of women with documented myocardial infarction or ischemia and no obstructive coronary artery disease (MINOCA or INOCA, respectively) including job title at WHC entry, duration of medical leave, age of retirement, and degree of occupational impairment, where applicable. We hypothesize that younger women with a non-traditional risk factor profile and a diagnosis of (M)INOCA will have higher rates of premature retirement, longer medical leave, and worse quality of life, as demonstrated by higher self-reported rates of stress, anxiety, and depression.



Specialized Women's Heart Clinic Improves Quality of Life and Reduces Hospital Encounters with Non-Obstructive Coronary Syndromes

Emilie Théberge¹, Elizabeth Burden^{1,2}, Katrina Besler¹, Mahraz Parvand¹, Lily Cai^{1,2}, Karen Humphries¹, Tara Sedlak^{1,2}
¹University of British Columbia ²Vancouver Coastal Health

Investigating risk factors associated with mental health symptoms among women with coronary vasospasm or microvascular dysfunction

Emilie Théberge¹, Elizabeth Burden^{1,2}, Sasha Voznyuk¹, Katrina Besler¹, Chenille Wong¹, Mahraz Parvand¹, Lily Cai¹, Karin Humphries¹, Tara Sedlak^{1,2}



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INTRODUCTION

RESULTS

Other Outputs from WHC Registry

Women's Heart Health Clinics



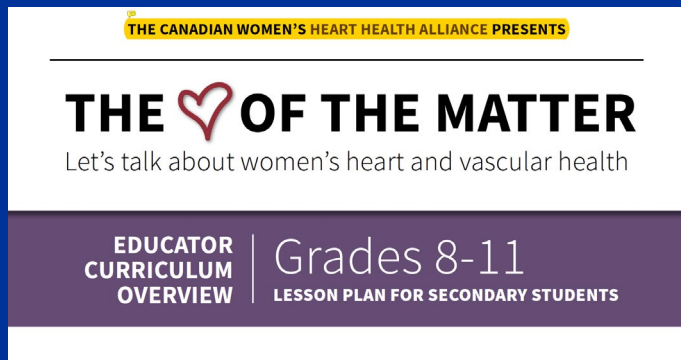
Wear Red Canada Day



Research



High School Education



Media and Film



Peer Support



Lessons Learned

- Definitions Dictionary developed at the beginning
- Consistency recording variables (different coordinators over time)
- Clear instructions for research coordinators about where to pull baseline and f/u data from
 - Logistical issues with obtaining care connect access etc
- Try to determine all research variables to be collected at the beginning
 - Avoids having to go back and add variables to ethics/re-call patients

Lessons Learned

- Consider how adjudication will work
- Limit the number of questionnaires and length of questionnaires to be included (patient drop off)
- Sustainable funding



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Questions?