# Effects Different in Women, Men

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lighted intrinsic differences in the way that CVD plays out in women, compared with men. In this study of women, strokes were more common than MIs, and aspirin's benefit was largely in stroke prevention. In contrast, results from prior studies in healthy men, including the very similarly designed Physicians' Health Study, showed that MIs were the primary threat and that the benefit from aspirin prophylaxis was greatest for MI prevention.

"The results show the danger of generalization," said Paul M. Ridker, M.D., director of the Center for Cardiovascular Disease Prevention at Brigham and Women's Hospital in Boston and co–principal investigator for the study along with Dr. Buring.

"The finding that women behave differently than men with respect to aspirin was not what we expected, but we shouldn't be that surprised. Many of us look for genetic effects, and gender is the ultimate genetic effect," he continued.

For example, in 2002, American women had 373,000 new strokes and 345,000 new MIs, said Dr. Buring, a professor of epidemiology at Harvard School of Public Health, Boston. In contrast, men had 520,000 new MIs and 323,000 new strokes.

The study enrolled 39,876 healthy, female health professionals during the early 1990s who reported their baseline health data by returning a questionnaire. In general, these women had few CVD risk factors.

As rated by the Framingham risk score, 84% of the enrollees had a less than 5% risk of coronary heart disease in the ensuing 10 years, 12% had a 5%-9.9% risk, and 4% had a risk that was 10% or greater for developing coronary heart disease during the 10 years after they entered the study. The women were randomized to the aspirin regimen or placebo, which they continued during an average follow-up of 10.1 years. During follow-up, 999 participants had a first, major cardiovascular event: nonfatal MI, nonfatal stroke, or death from cardiovascular causes.

The rate of major cardiovascular events, the study's primary end point, was about 2.4% in the women who took aspirin and about 2.6% in those who didn't, a relative risk reduction of 9% that failed to achieve statistical significance. But the rate of ischemic stroke for the entire group was cut by aspirin use by a relative rate of 24%, a statistically significant difference, Dr. Ridker reported.

Concurrent with his meeting report, the results were published in the online edition of the New England Journal of Medicine (http://content.nejm.org/cgi/reprint/NEJMoa050613v1.pdf).

The downside to aspirin treatment was a very small increase in the rate of hemorrhagic strokes with aspirin use, a total of 10 additional cases in the aspirin group that was a statistically nonsignificant difference. Aspirin also led to small, but statistically significant, increases in the rates of all GI bleeding episodes, GI bleeds that needed transfusions, peptic ulcers, hematuria, and easy bruising.

The analysis also assessed the impact of aspirin in a variety of study subgroups. Most clinical factors, such as BMI, blood pressure, diabetes, and baseline Framing-

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# Study Compares Hemorrhoid Removal Devices

Hemorrhoidectomy performed with a Ligasure hemostatic device causes less postoperative pain and takes less time to do than hemorrhoidectomy with the Harmonic Scalpel, according to Shek Yuen Kwok, M.D., and colleagues at the Pamela Youde Nethersole Eastern Hospital, Hong Kong.

Seven days after patients with a total of three grade 3 or 4 hemorrhoids underwent a hemorrhoidectomy in a single-blind, randomized trial, the median postoperative pain score (assessed pain with a visual analog score) for the 24 patients in the Ligasure group was significantly lower than that for 23 patients in the Harmonic Scalpel group (2.6 vs. 4.8) (Dis. Colon Rectum [online] Dec. 21, 2004).

The Ligasure operation took significantly less time to perform than did the procedure using the Harmonic Scalpel (11 min. vs. 18 min.), the investigators said.

No between-group differences in complications or other parameters (length of hospital stay, amount of pethidine required, time to first bowel movement, and patient satisfaction) were identified in the study.

**—Jeff Evans**