SUMMARY

This study was carried out between August 2008 and July 2010 to evaluate gender differences in clinical and echocardiographic features of heart failure among patients of Jos University Teaching Hospital (JUTH).

One hundred patients who presented in heart failure and met the inclusion criteria were consecutively recruited. All patients had detailed clinical examination to ensure that they met the Framingham criteria for heart failure diagnosis, and subsequently had echocardiography for assessment of systolic and diastolic function. Forty two age and sex matched controls were also recruited.

No significant difference was found in etiology of heart failure between both genders. 8.16% of male subjects had cerebrovascular accident as a co-morbid factor at presentation, which did not feature at all among female subjects. Neck vein distention was seen in 85.71% of male subjects as opposed to 62.75% of female subjects. Body weight and BSA was significantly higher in males than females (P-values of 0.03 and 0.0004 respectively).

Diastolic dysfunction was commoner in females when compared to males, but there was no significant difference in systolic function between both genders, as 80.39% of female subjects and 75.51% of male subjects had abnormal ejection
fraction. After indexation of LVM, 87.76% of male subjects had abnormal values as opposed to 74.51% of female subjects.

Though some gender differences were found among the patients recruited for this study, information obtained was not sufficient to recommend differential care based on gender. Further studies will have to be carried out.