Morbidity from Congestive and Hypertrophic Cardiomyopathy in the Minneapolis-St. Paul Metropolitan Area: 1979-1984

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Dear Sir,

The recent article by Lilienfeld et al. [1] provides additional information about trends in morbidity from dilated and hypertrophic cardiomyopathy in a predominantly Caucasian population, including sex-specific differences in hospital discharge rates. However, the authors' statement that gender was not found to be a risk factor for dilated cardiomyopathy in a case-control study carried out in Baltimore, Md. [2], is somewhat misleading, as the cases and controls were matched on sex and age categories. We were unable to obtain estimates of the relative odds for male gender because sex was controlled for in the design of the study. Nonetheless, 60% (57 of 95) of the cases in our series were males [2]. My colleagues and I have also observed male/female ratios greater than one in more recent epidemiologic studies of idiopathic dilated cardiomyopathy conducted in Washington, D.C. [3], and Washington County, Md. [unpubl. data].

The apparent male predominance in idiopathic dilated cardiomyopathy may be due to biologic factors, such as hormonal influences, or to differences in environmental factors, such as cigarette smoking, alcohol consumption or occupational exposures. Gender-related differences in the use of health services or access to diagnostic procedures may also explain this finding.

References

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