



## Podcast Dr. Lupascu – Part 1

Welcome to Vascular Stories, the medical podcast on vascular disease. I'm Katie, and in this podcast, we'll speak of real data on the appropriateness of phlebology in gender medicine in chronic venous disease and deep vein thrombosis.

Men and women, although subject to the same diseases present very different symptoms, disease progression, and response to treatment.

Hence, there is a need to pay special attention to the study of gender by integrating this dimension of medicine in all medical areas. Today, I want to introduce you to Dr. Andrea Lupascu, surgeon, angiologist, specialist in internal medicine at the Agostino Gemelli University Polyclinic Foundation, Rome.

Good morning, Dr. Lupascu.

Good morning.

**Dr. Lupascu, can you define what gender medicine is?**

The World Health Organization defines gender medicine as the study of the influence of biological differences defined by sex, as well as socioeconomic and cultural differences defined by gender on each individual state of health and disease.

**Speaking about chronic venous disease, which are the specific risk factors?**

Chronic venous insufficiency is a common vascular condition that affects a significant proportion of the population.

It's more frequently observed in women than in men, and its prevalence increases with advancing age in both sexes. Hormonal, anatomical, and lifestyle-related factors contribute to this gender disparity.

There are specific risk-factors. Among the gender specific risk-factors, sex hormones play a pivotal role. Estrogen and progesterone influence the structure and function of the venous wall, leading to a reduction in venous tone and increased venous distensibility.

These hormonal effects may predispose women to the development of venous reflux and varicosities, particularly during periods of hormonal fluctuation.

Pregnancy is another major risk factor for chronic venous disease in women. The combination of increased intra-

abdominal pressure due to the growing uterus and hormonal changes that promote venous dilatation significantly contributes to venous insufficiency.

The risk tends to rise with the number of pregnancies and is often associated with the worsening of symptoms during the third trimester.

[\[Diaz JA, et al. Int Angiol 2024;43:563–590. Yun S. Ann Phlebology 2023;21:80–84 per risk factors\].](#)

**Might racial disparities affect outcomes?**

Yes, there is a study that evaluates the impact of race and gender on symptoms, disease severity, treatment types and outcomes in patients treated for chronic venous disease in the United States. This study characterized five racial groups. The gender differences showed that chronic venous disease was predominantly observed in women.

The female-to-male ratio was 3-to-1 across most groups, but higher in Hispanics, reaching 4-to-1. White men had the highest prevalence of chronic venous disease in all CEP classes.

African-

American women showed higher rates of early C0 and advanced C3 to C5 disease. Hispanic women had the higher prevalence of disease from C0 to C5.

Asian men were more commonly presented with C1 to C4 disease. The CEP classification showed that C0 to C2 disease was more prevalent in whites and Hispanics.

C3 to C6 disease was more frequent in whites and African Americans. Asians had a more uniform CEP distribution but higher C4 prevalence.

The study showed treatment and outcomes disparities. In particular, Hispanics require the fewest procedures and show the best post-treatment outcomes. African-

Americans require the most procedures, particularly when using combined therapies, ablation, phlebectomy and foam sclerotherapy.

Asians had good outcomes but require more phlebectomies, possibly due to greater below-knee tributary disease. We can conclude that chronic venous disease is more common in women, especially white and Hispanic women.

Racial and gender differences exist in symptoms presentation, disease severity, treatment patterns and outcomes. African-American patients, especially women, often present with more advanced disease and require more complex treatments.

Tethered treatments approach and awareness of disparities are essential to achieve equitable outcomes.

[O'Banion LA, Ozsvath K, Cutler B, Kiguchi M. A review of the current literature of ethnic, gender, and socioeconomic disparities in venous disease. *J Vasc Surg Venous Lymphat Disord*. 2023 Jul;11(4):682-687. doi: 10.1016/j.jvsv.2023.03.006].

**Thank you, Dr. Lupascu. We look forward to speaking to you in the next session, where we will explore the same topic in deep vein thrombosis.**

**You listened to *Vascular Stories*, the medical podcast on vascular disease. You can download the script and the audio file at [www.vascular.alfasigma.com](http://www.vascular.alfasigma.com)**

**This podcast has been produced with the support of Alfasigma.**

**You can find the reference studies related to this podcast in the pdf.**

***Date of preparation: July 2025***