



Physician–patient sex dyads and cardiovascular risk-factor management

Dyslipidaemia and hypertension in primary care

Key message

In primary care, physician–patient sex dyads were associated with differences in risk-factor management; most observed patterns reflected patient sex.



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ORIGINAL ARTICLE

Physician–patient sex dyads and management of dyslipidaemia and hypertension in primary care: findings from two population-based studies

Shun Yi ^{1,2}, Mayssam Nehme ³, Idris Guessous ³, Carole Clair ⁴, Sophie Moeschler ¹, Marie Méan ¹, and Pedro Marques-Vidal ^{1,*}

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Presenter: Shun Yi

Lausanne University Hospital (CHUV) and University of Lausanne

Why we asked this question

1 Clinical issue

Dyslipidaemia and hypertension remain major modifiable cardiovascular risk factors

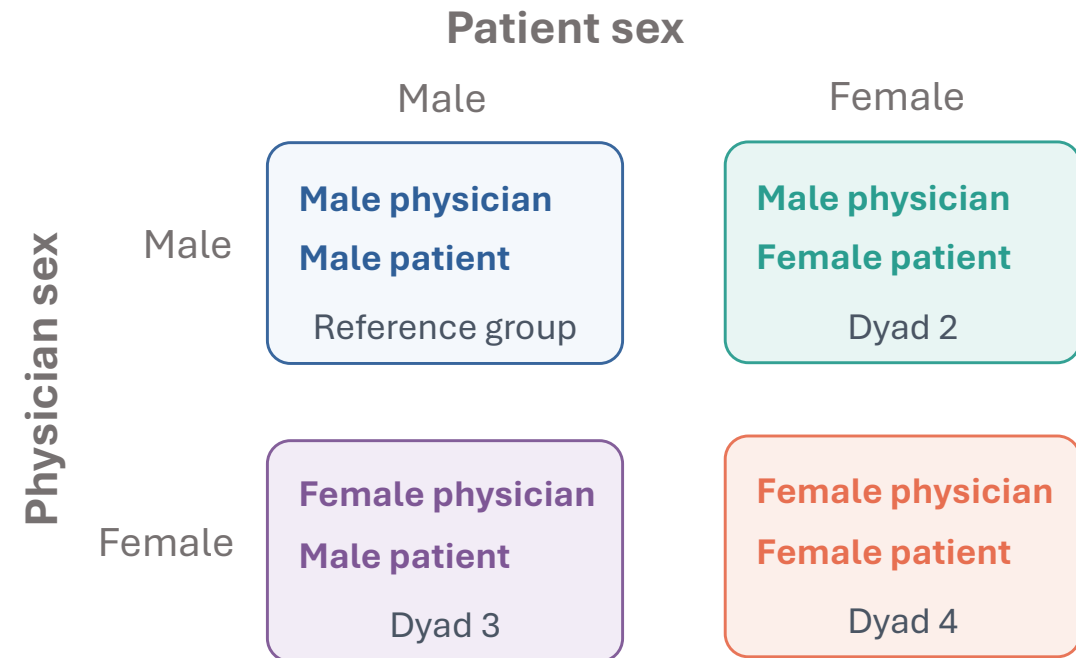
2 Research gap

Sex differences are usually analyzed at the patient level, but evidence of physician–patient interaction is limited

3 Study aim

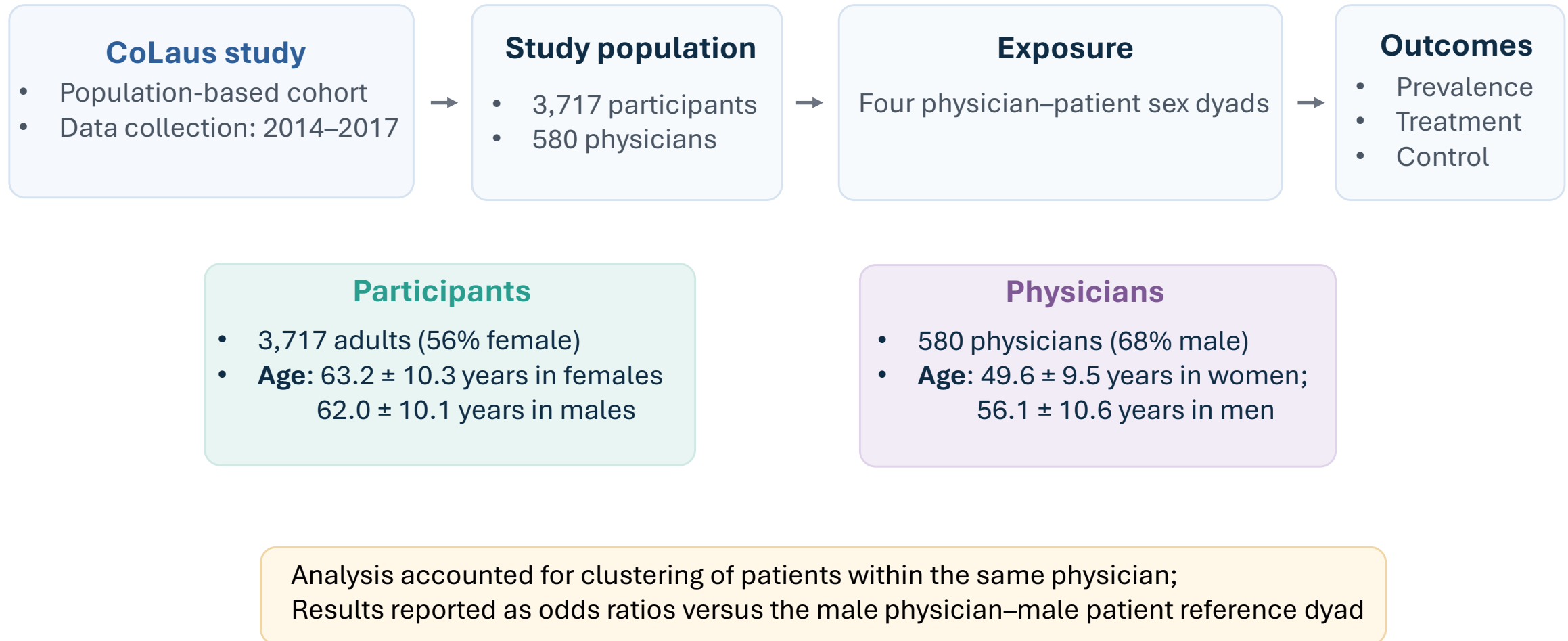
To test whether physician–patient sex dyads are associated with the prevalence, treatment, and control of these risk factors

Analytical lens: the clinical dyad



Question: Are management differences driven by the patient, the physician, or their combination?

Population-based design and analytical approach



Key findings and take-home message

Ref: male physician / male patient		Dyslipidaemia			Hypertension		
Physician–patient sex dyad		Prevalence	Treatment	Control	Prevalence	Treatment	Control
Male physician / Female patient		↓	↑	↓	↓	NS	NS
Female physician / Male patient		NS	NS	NS	NS	NS	NS
Female physician / Female patient		↓	↑	↓	↓	↓	NS
Legend: ↑ OR > 1 · ↓ OR < 1 · NS = no significant difference							

Main findings

Most significant dyad patterns were associated with patient sex rather than physician sex.

Implication

Sex-aware monitoring of treatment and control may strengthen the quality of cardiovascular management