

# Anesthesia and Gender – what's the difference?

Hirslanden Anaesthesia Symposium 2024  
personalised perioperative management in anaesthesia

Martin Schläpfer, Prof. Dr. med. et M.Sc.  
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# Conflicts of interests

## Research Grants

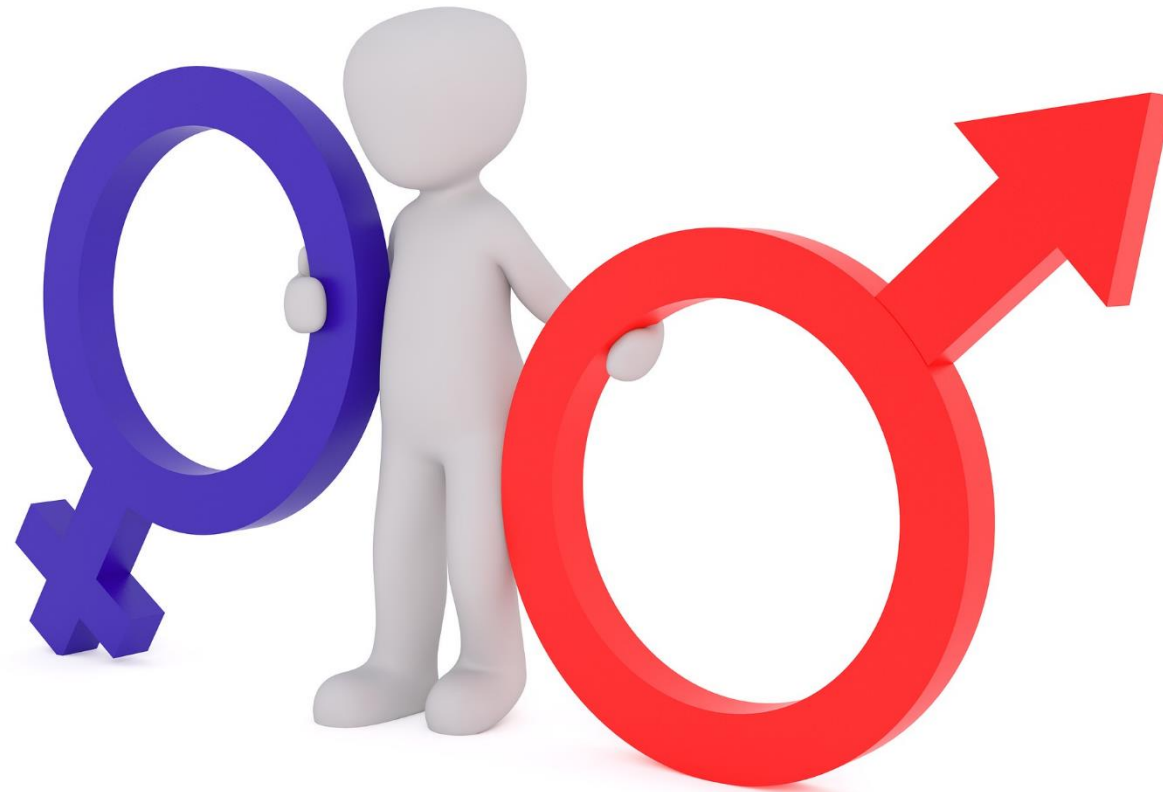
- Roche Diagnostics International
- Sedana Medical

## Submitted patents

- for mitigating the negative effects of surgery and anesthesia with O<sub>2</sub>/ CO<sub>2</sub> mixtures
- for an injectable formula to attenuate the harmful effects of sepsis



Are there sex/ gender differences in  
anesthesia? Are they relevant?



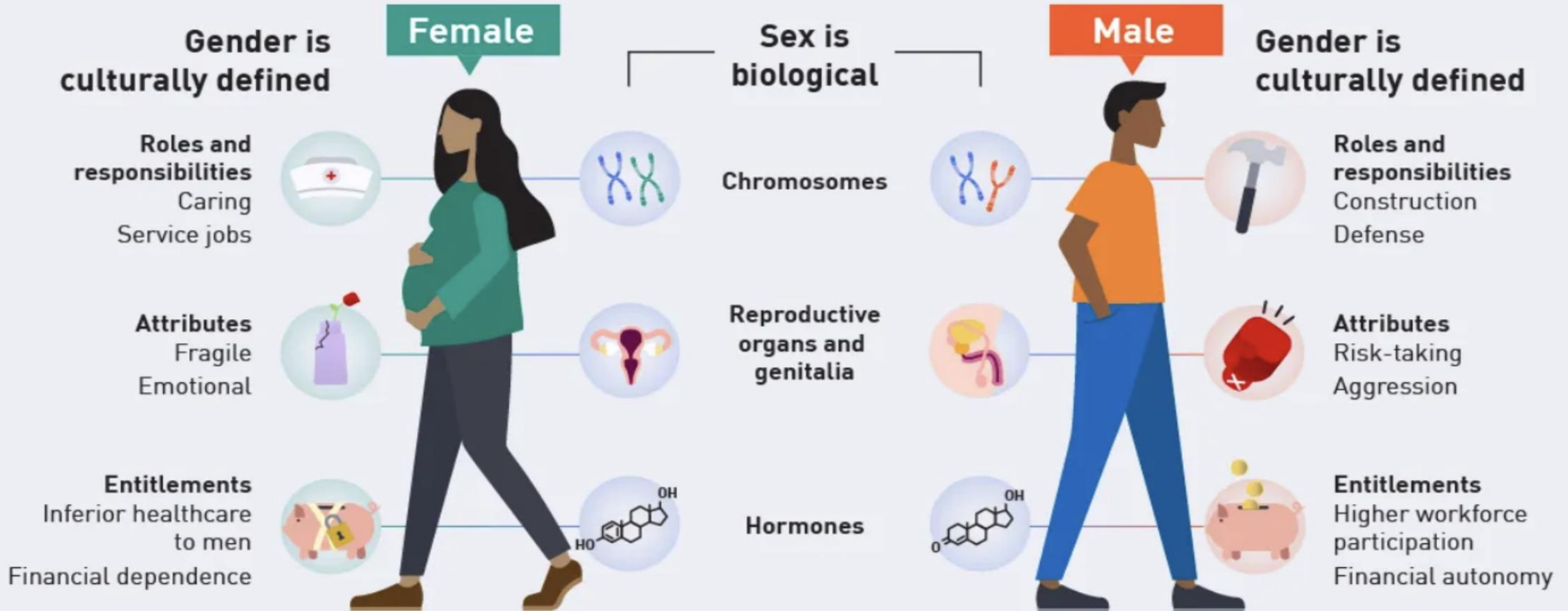
Source: [www.pixabay.com](http://www.pixabay.com)



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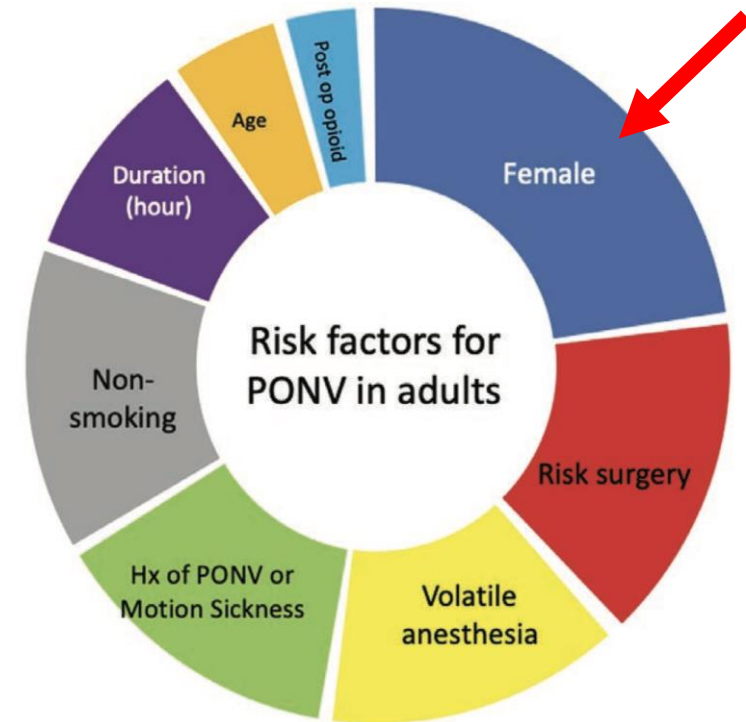
# Sex versus Gender



# The most common complication after general anesthesia: postoperative nausea and vomiting (PONV)

The **most important risk factor** for the occurrence **PONV** is «**female gender**».

Gan TJ et al. Anesthesia & Analgesia 2020



**Figure 1.** PONV risk factor summary. Intraoperative and postoperative risk factors of PONV in adults; the size of each segment is proportional to the odds ratios of PONV associated with each risk factor.<sup>35</sup> PONV indicates postoperative nausea and vomiting. Figure reused with permission from the American Society for Enhanced Recovery. For permission requests, contact info@aserhq.org.

# Preoperative assessment

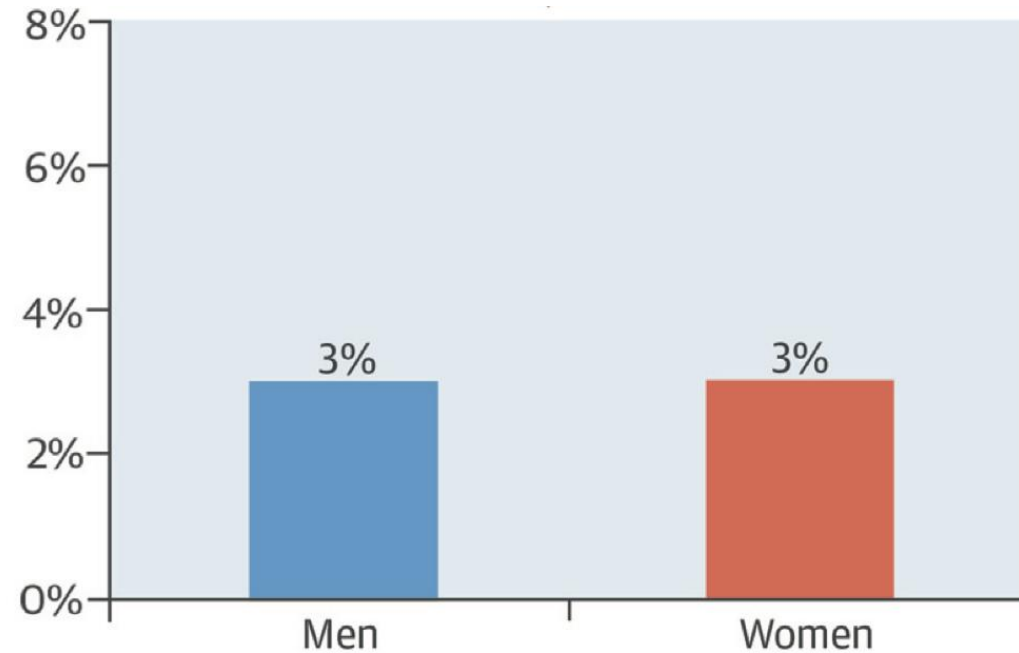
Cardiac disease and sex

- risk of arrhythmia:  $f > m$
- risk of CVD:  $m > f$

# Preoperative assessment

## CVD and sex

- recurrent ACS: f=m



Pelletier, R. et al. J Am Coll Cardiol. 2016; 67(2):127-35.



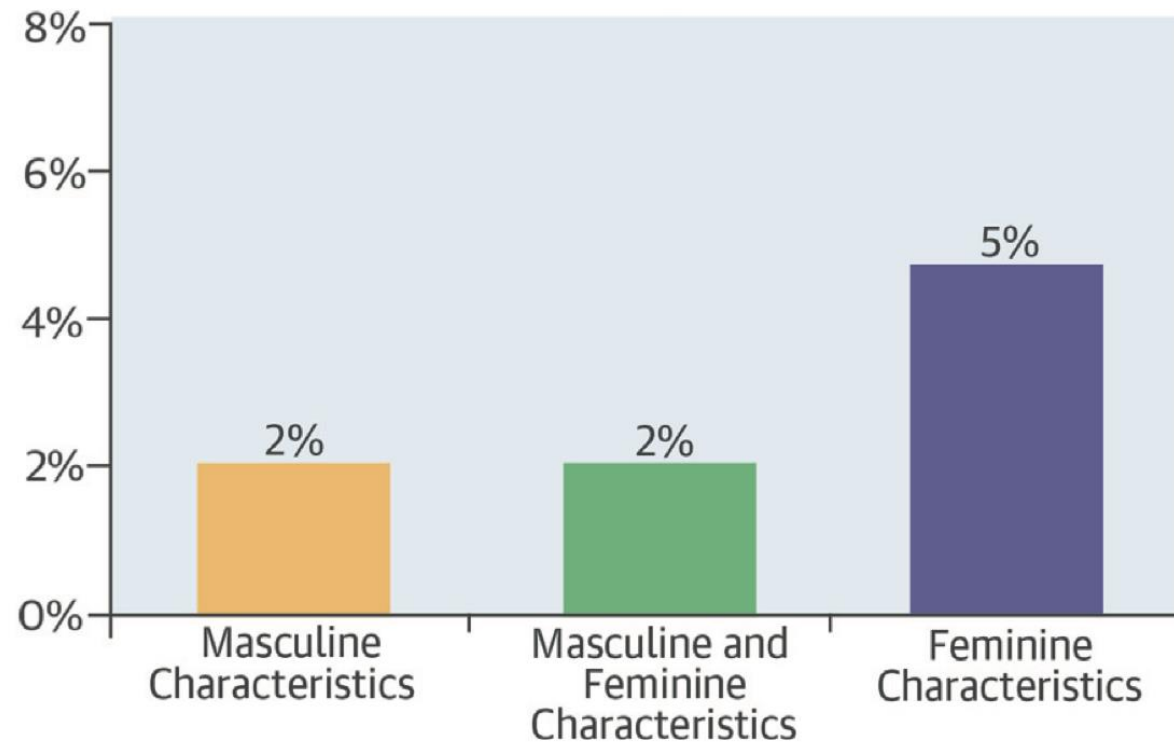
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# Preoperative assessment

## CVD and gender

- recurrent ACS: f>m
- ACS mortality: f>m



# Preoperative assessment

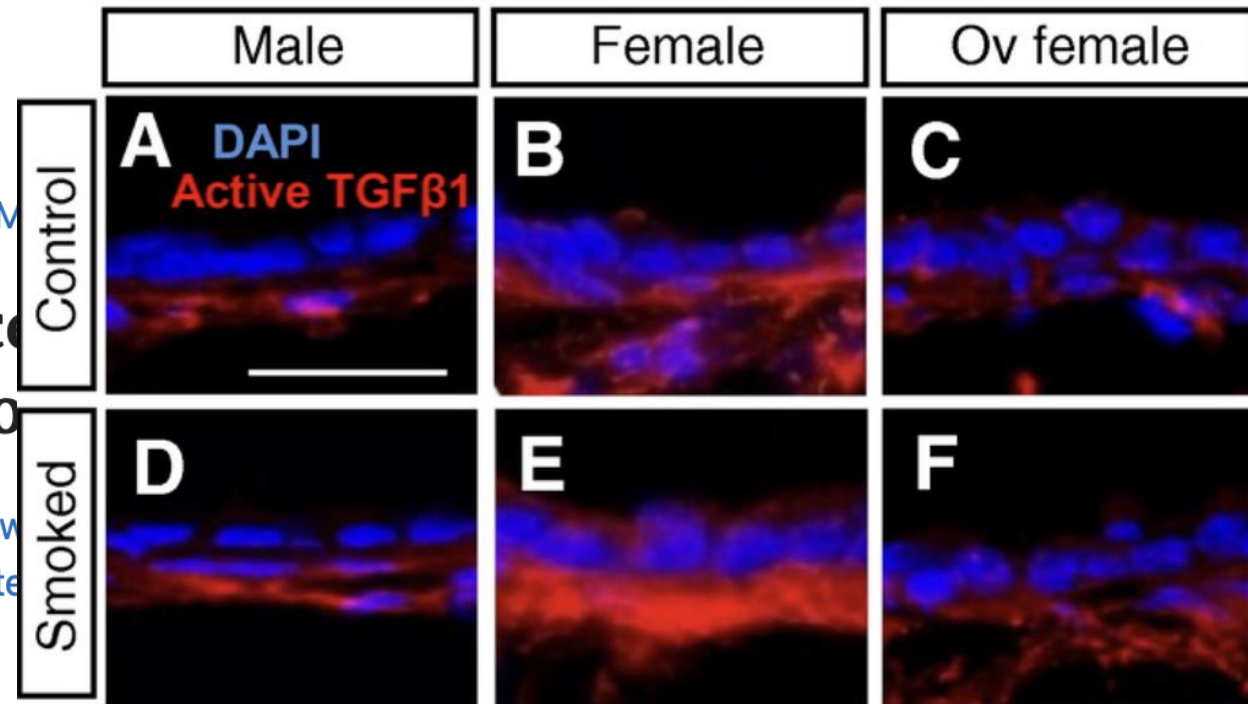
## COPD and sex

- female lung more prone to COPD
- role of estrogen?

> Am J Respir Crit Care M

## Sex Differences in a Model of Chronic

Anthony Tam<sup>1 2</sup>, Andrew  
Harvey O Coxson<sup>1 2</sup>, Ste



# Preoperative assessment

## Further differences

- coagulation disturbances
- frailty
- risk tolerance



# Physiological differences in females

Cardiac		Respiratory	
Cardiac mass	↓*	Lung volumes	↓
Diastolic function	↓	Maximal expiratory flow rates	↓
Left ventricular ejection fraction	→	Lung diffusion surface	↓
Stroke volume	↓	Exercise-induced hypoxemia	↑
Cardiac output	→	Ventilatory response to hypercapnia	↓
Resting heart rate	↑**	Ventilatory response to hypoxia	↓
Cardiac cycle length	↓***	Apneic threshold	↓
Blood pressure	↓\$	Airway diameter	↓
Coronary arteries diameter	↓		
Collateral coronary circulation	↓		
Q-T interval	↑		
Baroreflex sensitivity	↑		

Ref: Filipescu D, et al.  
Best Pract Res Clin  
Anaesthesiol. 2021

# Physiological differences in females

Neurocognitive		Metabolic		Renal	
Neuronal density	↓	Basal metabolic rate	↓\$\$	<b>Creatinine clearance</b>	↓
Neuronal processing	↑	Sedentary energy expenditure	↓	Glomerular filtration rate	↓→#
Stress glucocorticoid response	↑	Core body temperature	→↑++	Renal blood flow	→
<b>Pain threshold</b>	↑			Renal vascular resistance	→
Sleep	Disturbed			Filtration fraction	→
				Plasma renin	↓&

Ref: Filipescu D, et al.  
Best Pract Res Clin  
Anaesthesiol. 2021

# Physiological differences in females

## Physiological and pharmacological variables in women as compared to men

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Body fat	↑ (5–10%)
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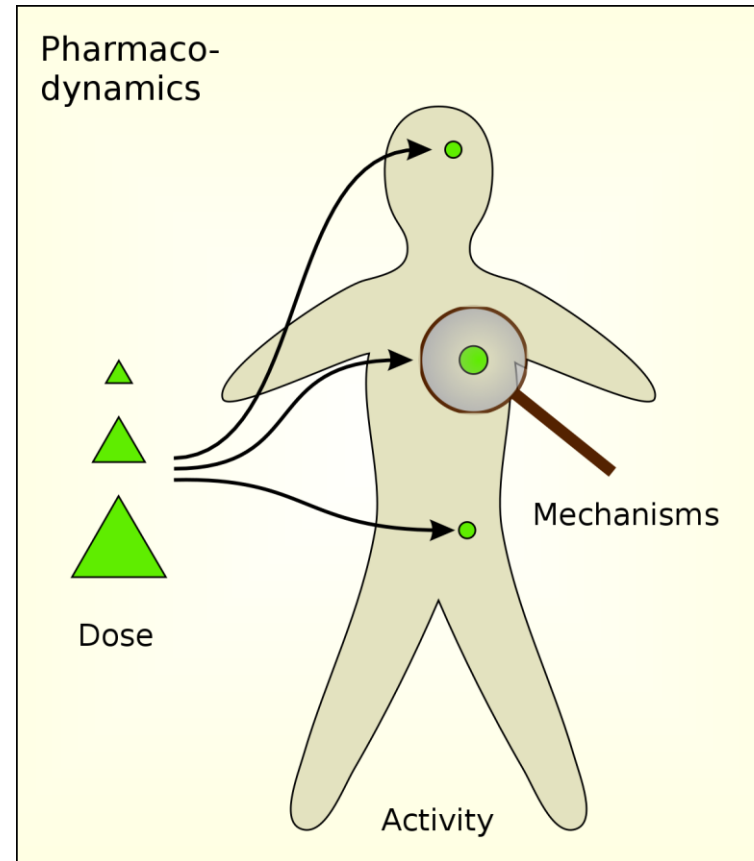
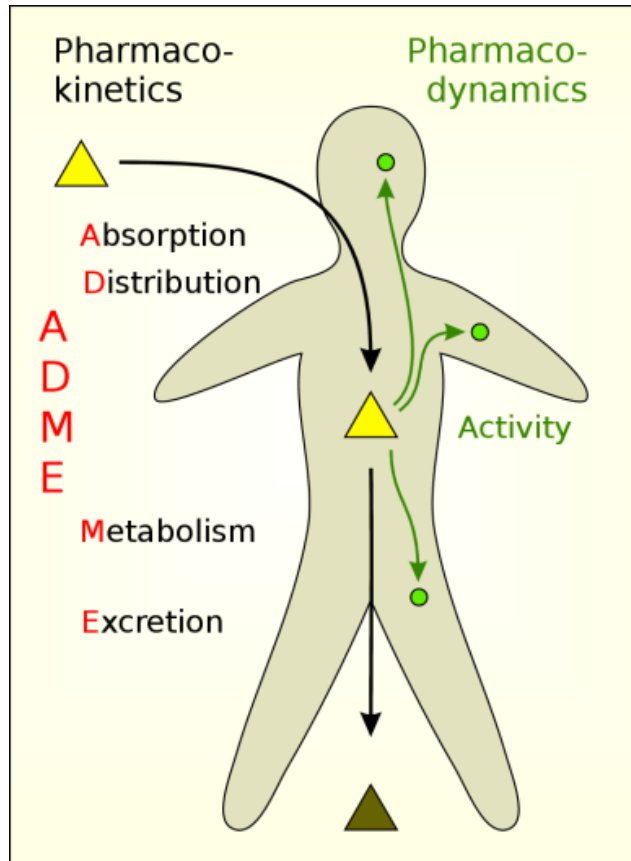
Muscle mass	↓ (10%)
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Total body water	↓ (15–20%)
------------------	------------

Bone mass	↓
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Ref: Filipescu D, et al.  
Best Pract Res Clin  
Anaesthesiol. 2021

# Propofol – Short repetition on pharmacokinetics and pharmacodynamics



Source: [www.wikipedia.com](http://www.wikipedia.com)

# Propofol

Clinical Science | May 1999

## Women Emerge from General Anesthesia with Propofol/Alfentanil/Nitrous Oxide Faster than Men **FREE**

Tong J. Gan, MB, FRCA, FFARCSI; Peter S. Glass, MB, FFA(SA); Jeff Sigl, PhD; Peter Sebel, MB, BS, PhD, FFARCSI; Fredrick Payne, MD; Carl Rosow, MD, PhD; Patricia Embree, CRNA

+ Author and Article Information

Anesthesiology May 1999, Vol. 90, 1283-1287.

Table 2. Bispectral Index (BIS) Data and Recovery Parameters

	Male (n = 96)	Female (n = 178)	P Value
Intraoperative average BIS*	47 ± 9	47 ± 8	0.84
Prerecovery average BIS†	51 ± 10	53 ± 12	0.22
Time interval: propofol off to open eyes (min)	11.2 ± 8.6 9.0 (20.8)‡	7.0 ± 5.2 6.4 (13.1)‡	0.0001 0.0001§
Time interval: propofol off to responds to verbal command (min)	11.7 ± 8.6 9.4 (22.0)‡	8.1 ± 6.2 7.0 (14.6)‡	0.001 0.001§

Data are mean ± SD.

\* Intraoperative average BIS = average value from start of procedure to 15 min before discontinuation of propofol.

† Prerecovery average BIS = average BIS value over 15 min before discontinuation of propofol.

‡ Median (90th percentile).

§ Statistical results from the Mann Whitney test.

# Propofol – pharmacokinetic differences

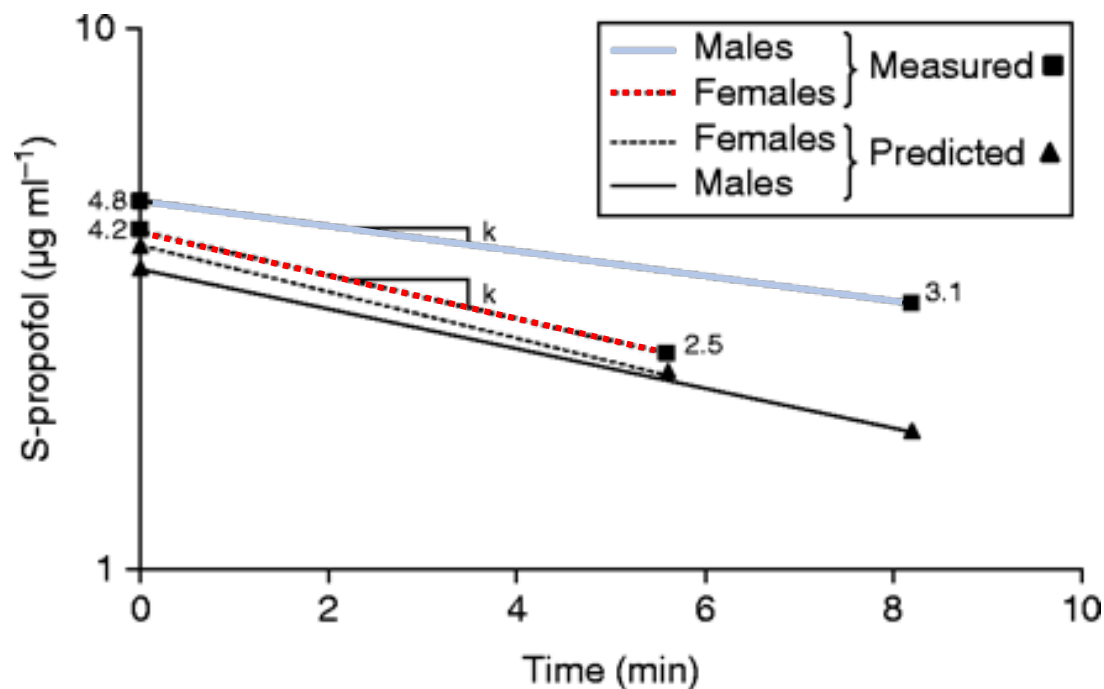
## Why do women wake up faster than men from propofol anaesthesia? FREE

S. C. Hoymork , J. Raeder

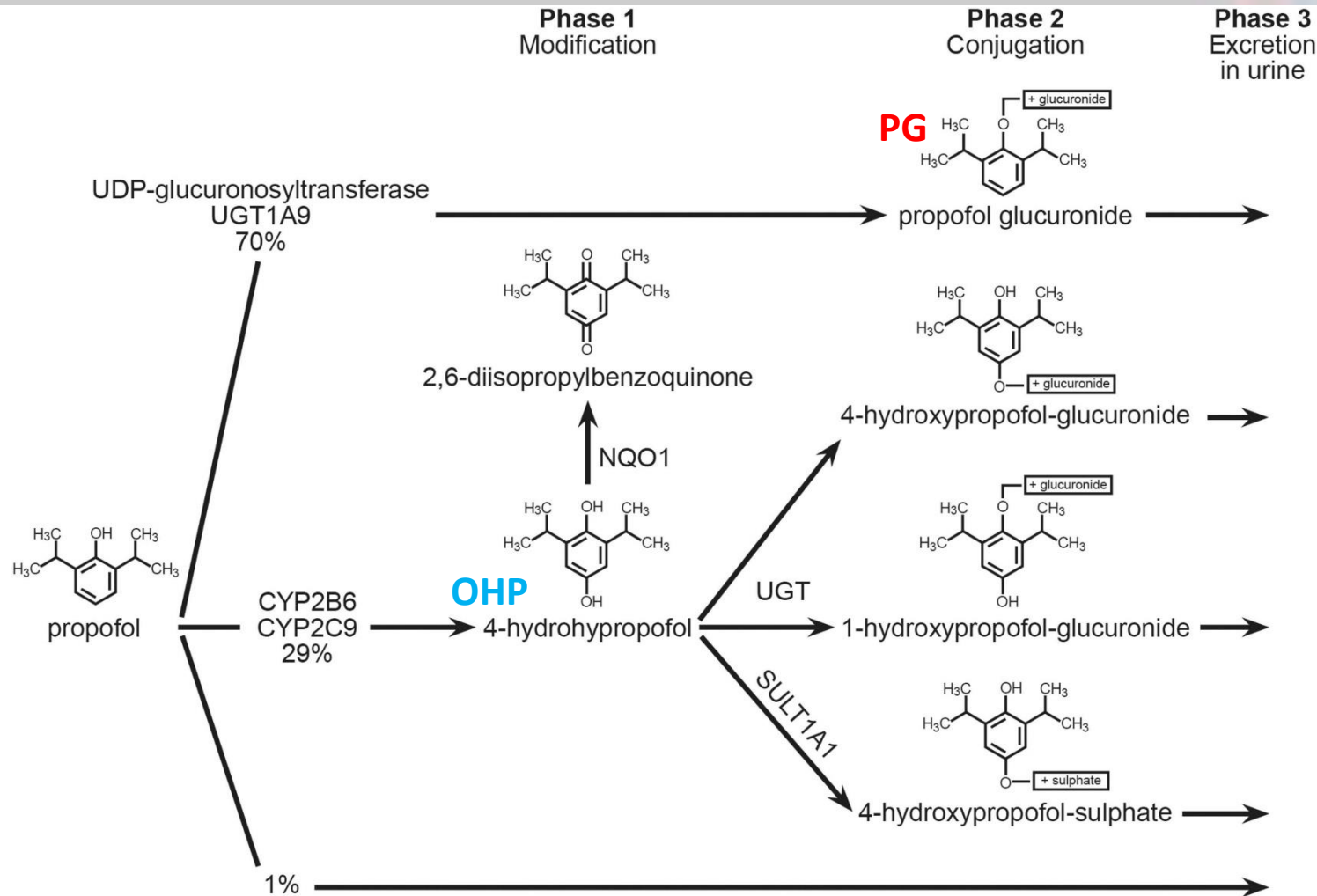
*BJA: British Journal of Anaesthesia*, Volume 95, Issue 5, November 2005, Pages 627–633,

<https://doi.org/10.1093/bja/aei245>

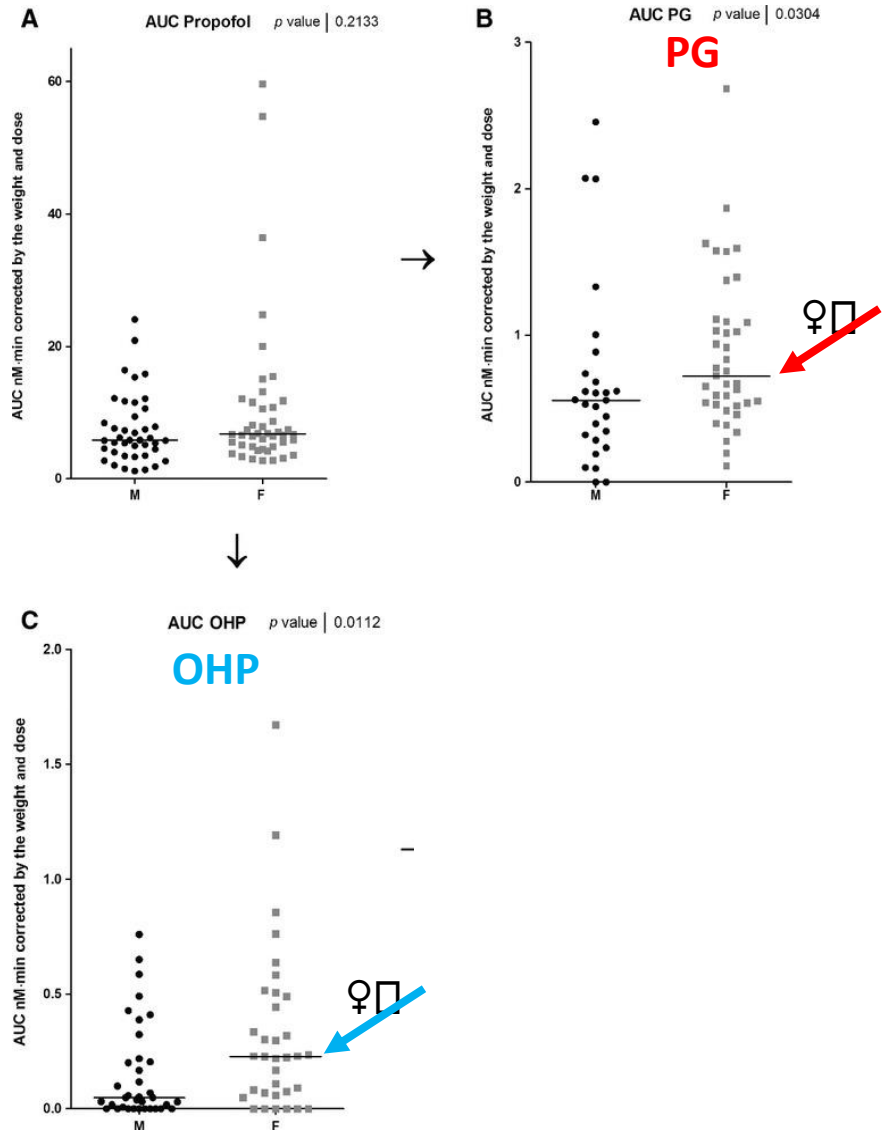
**Published:** 16 September 2005 **Article history** ▾



# Propofol metabolism



# Propofol – pharmacokinetic differences



Choong E. et al. Basic Clin Pharma Tox,  
Volume: 113, Issue: 2, Pages: 126-131

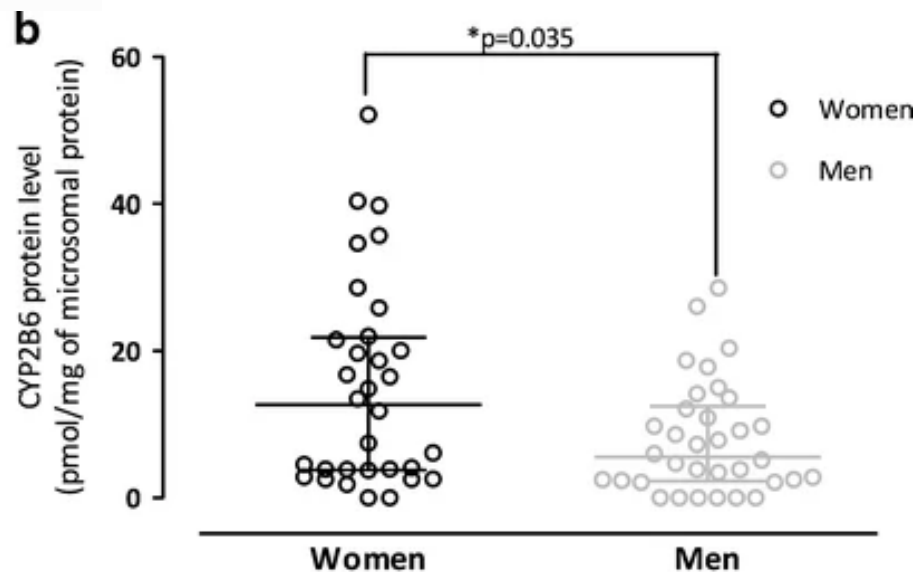
# Propofol – pharmacokinetic differences

Pharmacokinetics and Disposition | Published: 18 October 2011

## Influence of sex on propofol metabolism, a pilot study: implications for propofol anesthesia

[Irena Loryan](#), [Marja Lindqvist](#), [Inger Johansson](#), [Masahiro Hiratsuka](#), [Ilse van der Heiden](#), [Ron HN van Schaik](#), [Jan Jakobsson](#) & [Magnus Ingelman-Sundberg](#) ✉

[European Journal of Clinical Pharmacology](#) **68**, 397–406 (2012) | [Cite this article](#)





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# Propofol – pharmacodynamic (?) differences

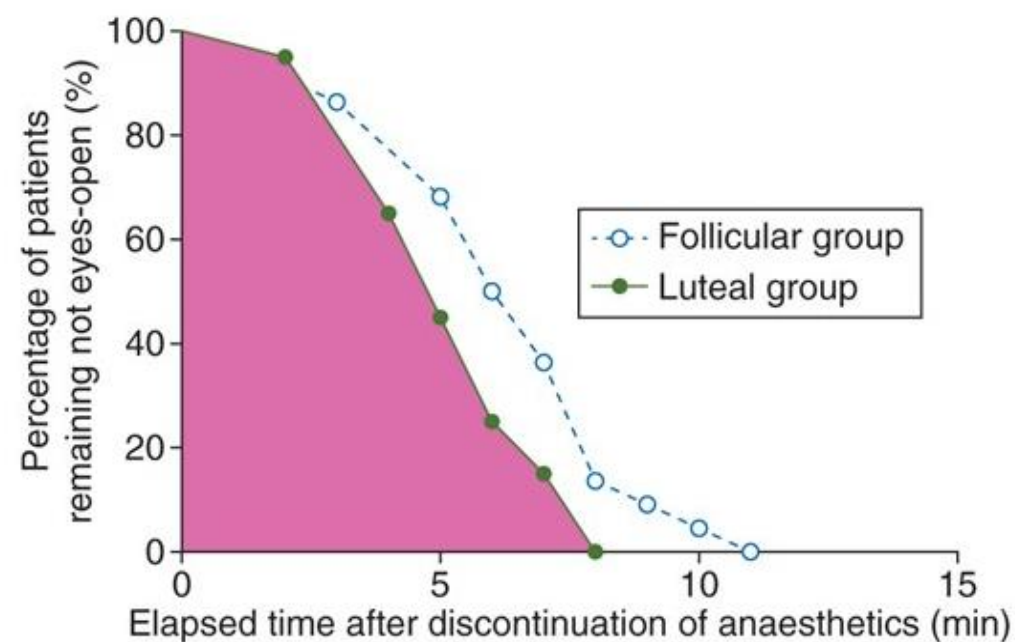
Propofol  $EC_{50}$  for inducing loss of consciousness is lower in the luteal phase of the menstrual cycle 

F. Fu, X. Chen ✉, Y. Feng, Y. Shen, Z. Feng, B. Bein

*BJA: British Journal of Anaesthesia*, Volume 112, Issue 3, March 2014, Pages 506–513,

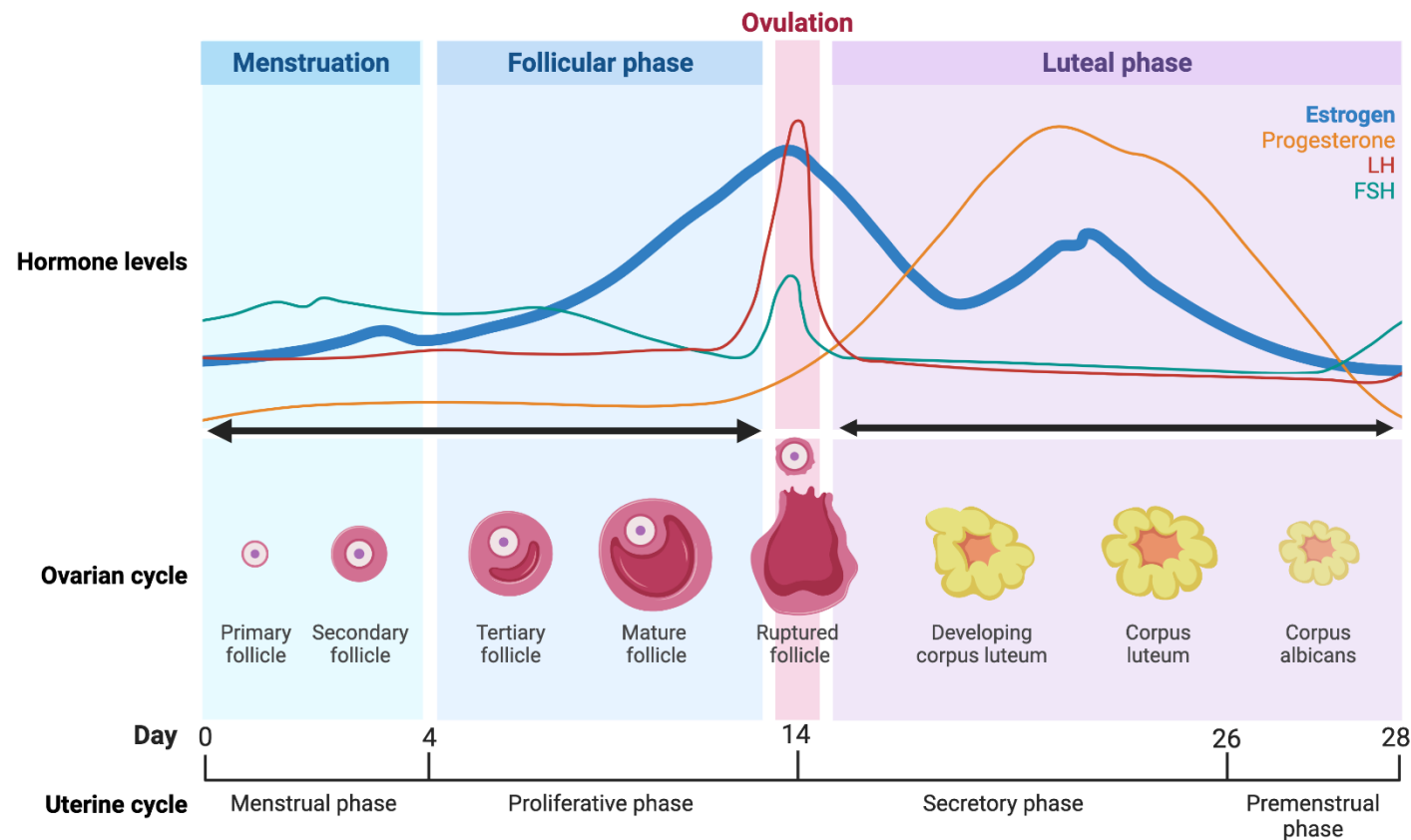
## Emergence time from anaesthesia

Fig 3



# Propofol – pharmacodynamic (?) differences

## Ovarian hormones and folliculogenesis throughout the human menstrual cycle



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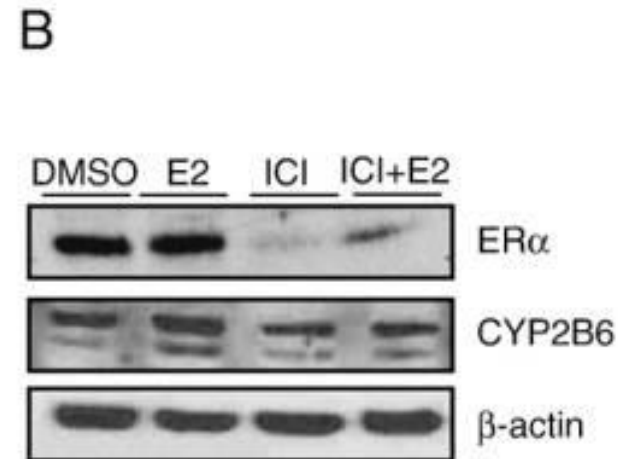
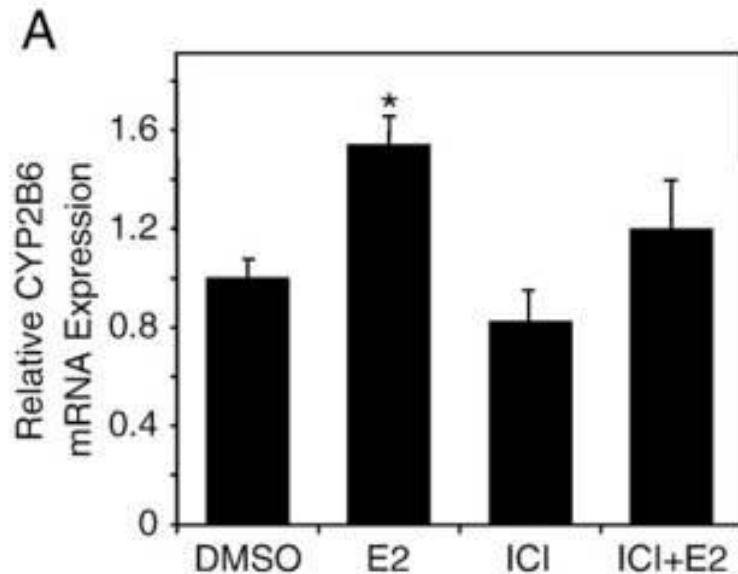
# Potential reason for pharmacokinetic differences?

[Biochim Biophys Acta. 2010 May-Jun; 1799\(5-6\): 469–479.](#)

Published online 2010 Jan 14. doi: [10.1016/j.bbagr.2010.01.005](#)

## Estrogen receptor-dependent regulation of *CYP2B6* in human breast cancer cells

[Raymond Lo](#),<sup>a</sup> [Lyle Burgoon](#),<sup>b</sup> [Laura MacPherson](#),<sup>a</sup> [Shaimaa Ahmed](#),<sup>a</sup> and [Jason Matthews](#)<sup>a,\*</sup>



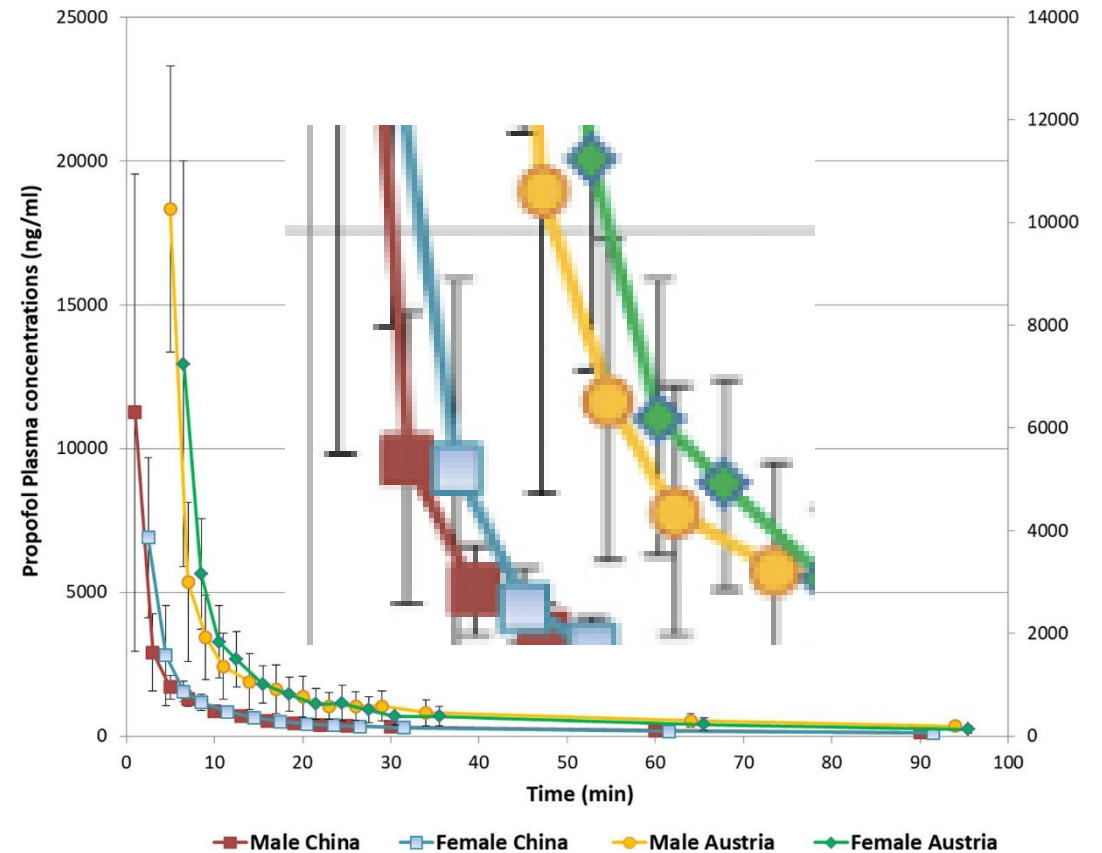
# Propofol – ethnic differences

ORIGINAL ARTICLE | [Full Access](#)

**Location matters: Overlooked ethnic-geographic effect in China and Austria on propofol/cisatracurium sex differences among a population pharmacokinetic/pharmacodynamic (PopPK/PD) covariate analysis in men, women, and one transgender subject**

Ashraf A. Dahaba ✉, Zhaoyang Xiao ✉, Xiaoling Zhu, Karl Oettl, Hailong Dong, Lize Xiong, Sieglinde Zelzer, Shuiyu Zhao, Gilbert Reibnegger

First published: 29 May 2021 | <https://doi.org/10.1111/fcp.12704>

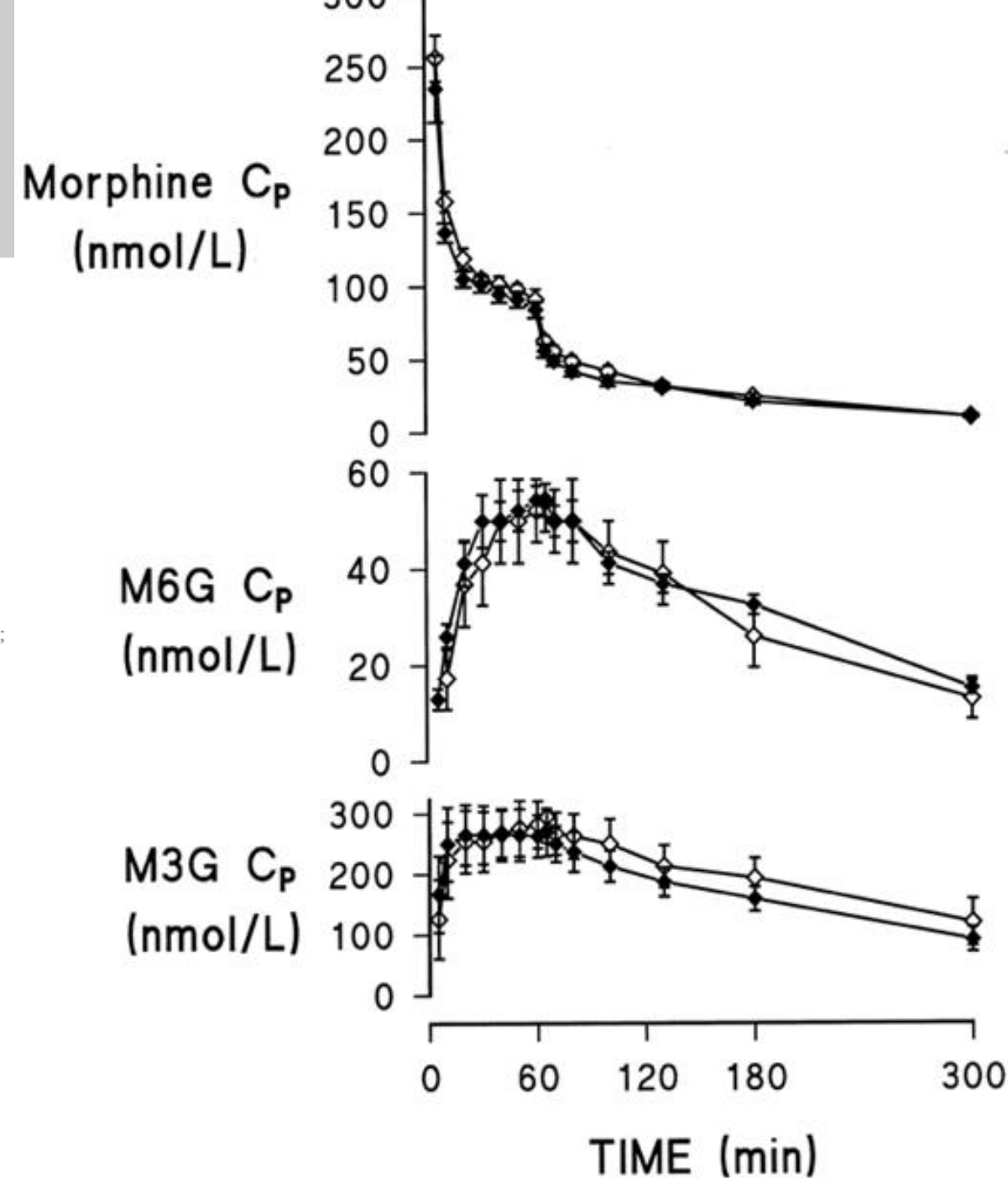


# Morphine – no pharmacokinetic differences with regard to metabolite formation

## Sex Differences in Morphine Analgesia: An Experimental Study in Healthy Volunteers ✓

Elise Sarton, M.D., Ph.D.; Erik Olofson, M.Sc.; Raymonda Romberg, B.Sc.; Jan den Hartigh, Ph.D.; Benjamin Kest, Ph.D.; Diederik Nieuwenhuijs, M.D.; Anton Burm, M.Sc., Ph.D.; Luc Teppema, Ph.D.; Albert Dahan, M.D., Ph.D.

Anesthesiology November 2000, Vol. 93, 1245–1254.



# Morphine – clinical differences in humans

## Do sex differences exist in opioid analgesia? A systematic review and meta-analysis of human experimental and clinical studies

Niesters, Marieke<sup>a</sup>; Dahan, Albert<sup>a,\*</sup>; Kest, Benjamin<sup>b,c</sup>; Zacny, James<sup>d</sup>; Stijnen, Theo<sup>e</sup>; Aarts, Leon<sup>a</sup>; Sarton, Elise<sup>a</sup>

Author Information 

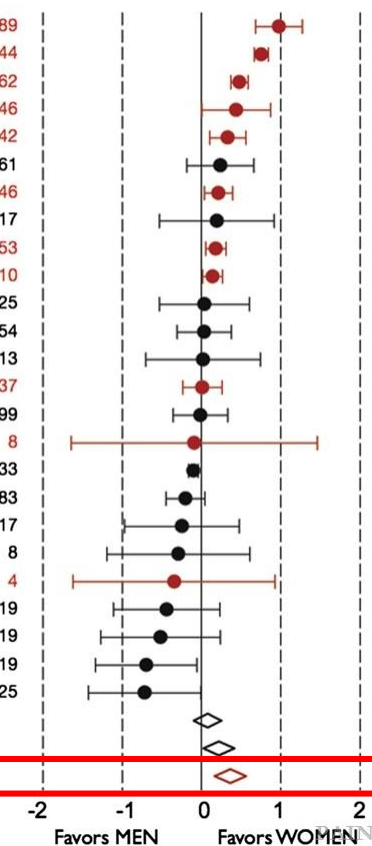
Pain: October 2010 - Volume 151 - Issue 1 - p 61-68

doi: 10.1016/j.pain.2010.06.012

### Clinical studies on $\mu$ -opioids

Study	Std diff in means	SE	P-value	Relative weight (%)	MEN (n)	WOMEN (n)
[24] de Kock 1991	0.977	0.150	0.000	4.90	111	89
[17] Chia 2002	0.754	0.045	0.000	5.63	854	1444
[16] Chang 2006	0.478	0.056	0.000	5.58	646	662
[9] Burns 1989	0.438	0.222	0.048	4.20	38	46
[63] Sidebotham 1997	0.331	0.116	0.004	5.20	158	142
[14] Chang 2006	0.238	0.217	0.272	4.26	33	61
[43] Joels 2003	0.213	0.091	0.020	5.38	235	246
[5] Bijur 2008c	0.194	0.369	0.600	2.87	13	17
[49] Macintyre 1995	0.180	0.065	0.006	5.54	486	453
[65] Tsui 1996	0.141	0.063	0.025	5.55	494	510
[51] Miller 2004	0.036	0.286	0.899	3.58	24	25
[7] Birnbaum 2007	0.034	0.175	0.845	4.67	82	54
[5] Bijur 2008a	0.020	0.368	0.958	2.87	17	13
[38] Glasson 2002	0.010	0.126	0.938	5.12	115	137
[12] Cepeda 2003	-0.013	0.208	0.952	4.34	30	99
[4] Bennett 1982	-0.091	0.791	0.909	1.03	2	8
[1] Aubrun 2005	-0.102	0.031	0.001	5.67	2344	1933
[30] Fukuda 2009	-0.202	0.126	0.108	5.12	97	183
[40] Gourlay 1988	-0.246	0.370	0.507	2.86	13	17
[64] Tamsen 1982	-0.292	0.459	0.524	2.25	12	8
[22] Dahlstrom 1982	-0.344	0.650	0.597	1.40	6	4
[6] Bijur 2006	-0.439	0.343	0.201	3.07	16	19
[5] Bijur 2008b	-0.516	0.385	0.180	2.75	11	19
[46] Lehmann 1988	-0.696	0.326	0.033	3.22	21	19
[45] Larjani 2004	-0.716	0.361	0.047	2.93	12	25
<b>ALL STUDIES</b>	<b>0.094</b>	<b>0.089</b>	<b>0.286</b>			
<b>ALL PCA STUDIES</b>	<b>0.219</b>	<b>0.100</b>	<b>0.028</b>			
<b>PCA MORPHINE STUDIES</b>	<b>0.364</b>	<b>0.102</b>	<b>0.003</b>			

### Standard difference in means and 95% C.I.



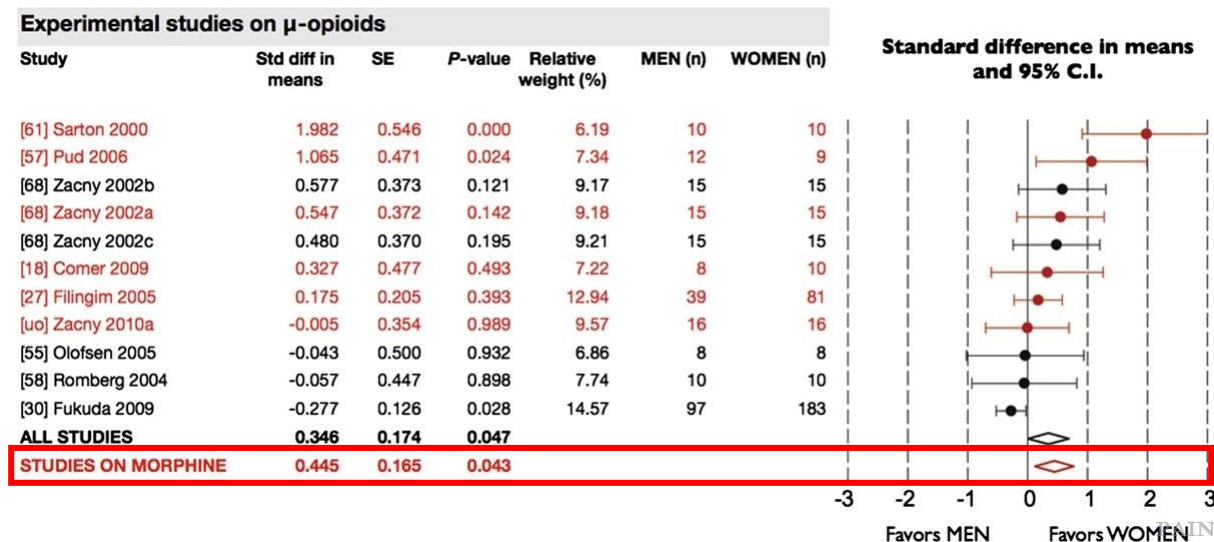
# Morphine – clinical differences in humans

## Do sex differences exist in opioid analgesia? A systematic review and meta-analysis of human experimental and clinical studies

Niesters, Marieke<sup>a</sup>; Dahan, Albert<sup>a,\*</sup>; Kest, Benjamin<sup>b,c</sup>; Zacny, James<sup>d</sup>; Stijnen, Theo<sup>e</sup>; Aarts, Leon<sup>a</sup>; Sarton, Elise<sup>a</sup>

Author Information 

Pain: October 2010 - Volume 151 - Issue 1 - p 61-68  
doi: 10.1016/j.pain.2010.06.012



# Morphine – clinical differences in humans



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Invited Review

Sex differences in the response to opioids for pain relief: A systematic review and meta-analysis

Claudia Pisanu<sup>a</sup>, Flavia Franconi<sup>b</sup>, Gian Luigi Gessa<sup>a</sup>, Sergio Mameli<sup>c</sup>, Giovanni Maria Pisanu<sup>c</sup>, Iliaria Campesi<sup>d</sup>, Lorenzo Leggio<sup>e,f,g,1</sup>, Roberta Agabio<sup>a,\*,1</sup>

published 2019, graphical abstract

- Questions**
- 
- Do men and women differ in the response to opioids for pain control?
  - Do baseline pain intensity, body weight, and psychiatric comorbidities influence these differences or similarities?

## Methods



Systematic Review and Meta-Analysis

## Outcomes



Acute pain

- Response 30' after administration
- Self-administered dose in 24 hours

Chronic pain\*

Daily dose administered by physicians

\*cancer and non-cancer

Comparison in the response

Women

Men



versus



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# Morphine – clinical differences in humans



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Claudia Pisanu<sup>a</sup>, Flavia Franconi<sup>b</sup>, Gian Luigi Gessa<sup>a</sup>, Sergio Mameli<sup>c</sup>, Giovanni Maria Pisanu<sup>c</sup>, Iliaria Campesi<sup>d</sup>, Lorenzo Leggio<sup>e,f,g,1</sup>, Roberta Agabio<sup>a,\*,1</sup>

## Results

<b>Acute pain: Response after 30'</b>	♀ = ♂	<b>Participants</b> 563 <b>Comparisons</b> 13 <b>Evidence quality</b> ⊕⊕⊕ Moderate
<b>Acute pain: Self-administered dose in 24 hrs</b>	♀ < ♂	<b>Participants</b> 3,598 <b>Comparisons</b> 11 <b>Evidence quality</b> ⊕⊕⊕ Moderate
<b>Chronic cancer pain: Daily dose</b>	♀ = ♂	<b>Participants</b> 708 <b>Comparisons</b> 6 <b>Evidence quality</b> ⊕ Very low
<b>Chronic non-cancer pain: Daily dose</b>	♀ < ♂	<b>Participants</b> 1,952 <b>Comparisons</b> 10 <b>Evidence quality</b> ⊕⊕ Low



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# Morphine – clinical differences in humans

## Prediction of Opioid-Induced Respiratory Depression on Inpatient Wards Using Continuous Capnography and Oximetry: An International Prospective, Observational Trial

Ashish K. Khanna, MD,\*† Sergio D. Bergese, MD,‡§ Carla R. Jungquist, NP PhD,|| Hiroshi Morimatsu, MD, PhD,¶ Shoichi Uezono, MD,# Simon Lee, MD,\*\* Lian Kah Ti, MBBS, MMed,†† Richard D. Urman, MD,‡‡ Robert McIntyre Jr, MD,§§ Carlos Tornero, MD, PhD,|||| Albert Dahan, MD, PhD,¶¶ Leif Saager, Dr Med,##\*\*\* Toby N. Weingarten, MD,††† Maria Wittmann, MD,‡‡‡ Dennis Auckley, MD,§§§ Luca Brazzi, MD, PhD,||||| Morgan Le Guen, MD, PhD,¶¶¶ Roy Soto, MD,### Frank Schramm, MD,\*\*\*\* Sabry Ayad, MD,†††† Roop Kaw, MD,†††† Paola Di Stefano, MSc,‡‡‡‡ Daniel I. Sessler, MD,§§§§ Alberto Uribe, MD,‡ Vanessa Moll, MD, PhD,\*\* Susan J. Dempsey, MN,§§|||||| Wolfgang Buhre, MD,¶¶¶¶ and Frank J. Overdyk, MD,#### on behalf of the PRediction of Opioid-induced respiratory Depression In patients monitored by capnoGraphY (PRODIGY) Group Collaborators

www.anesthesia-analgesia.org

October 2020 • Volume 131 • Number 4

**Table 3. Multivariable Model Prediction of Respiratory Depression, PRODIGY Scoring System, and Utilization**

Clinical Characteristic	Multivariable Model Predictors				Points if Clinical Characteristic = “Yes”
	Estimate	Standard Error	OR (95% CI)	Pr >  t	
Age (y)					
<60	Reference	...	...	...	0
≥60 to <70	0.8077	0.1458	2.243 (1.685–2.985)	<0.0001	8
≥70 to <80	1.2323	0.1805	3.429 (2.407–4.886)	<0.0001	12
>80	1.5647	0.3657	4.781 (2.333–9.798)	<0.0001	16
Sex (M)	0.7550	0.1284	2.128 (1.654–2.737)	<0.0001	8
Opioid naive	0.2912	0.1652	1.338 (0.968–1.850)	0.0782	3
Sleep disorders	0.4755	0.1998	1.609 (1.087–2.381)	0.0175	5
Chronic heart failure	0.7494	0.4085	2.116 (0.949–4.715)	0.0668	7

“Sum = PRODIGY Score”

# Anesthesia and sex differences



BOYS

GIRLS

... to be continued

Picture by Samuel Regan-Asante



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