INTRODUCTION
The diagnosis of ischemic heart disease is traditionally thought to be in the presence of obstructive Coronary Artery Disease (CAD).
Women with obstructive CAD have a relatively lower quality of life (QoL) compared to men.
Our understanding of gender and QoL in ischemia with no obstructive coronary arteries (INOCA) is limited.

METHODS
We conducted a survey of patient members of UK-based INOCA International with an assessment of self-reported health measures.
The online survey collection was made available from 10/27/2021 to 12/27/2021 and limited to one entry from a single IP address.
Functional capacity was retrospectively estimated using the Duke Activity Status Index (DASI) assessing levels of activities performed before and after symptom onset.
DASI Score was converted to metabolic equivalents (METs) using the following formula: METs = (0.43 X DASI + 9.6) / 3.5

RESULTS
Of the 1579 patient members of INOCA International, the overall survey completion rate was 21%, with 91% women and 93% reporting frequent symptoms.
Most common diagnoses overall included coronary microvascular disease (65%) and coronary artery spasms (51%).
Functional capacity fell from before compared to after INOCA diagnosis for both women (8.6±1.8 METs vs. 5.6±1.8 METs respectively, p<0.00001) and men (8.7 ± 2.0 METs vs. 6.1 ± 1.8 METs respectively, p<0.00001).
There were no statistically significant differences in functional capacity between men and women before or after INOCA onset.
Although both genders who experienced ↓ in functional capacity had worse QoL, there was a significantly greater ↓ in QoL (physical, mental & social health) for men vs. women (Figure 1).