

than in men (15.7% vs 12.4%; $p < 0.001$). However, age-stratified analyses showed no statistically significant differences in mortality between women and men. Among stroke survivors, rehabilitation utilization was significantly higher in men compared with women (32.0% vs 22.8%; $p < 0.001$), with statistically significant differences observed across most age categories, including 0–24, 40–49, 50–59, 60–69, 70–79, and 80–89 years.

Conclusions: Nationwide data show that women with ischemic stroke have higher overall in-hospital mortality, however, age-stratified analyses revealed no significant sex differences. In contrast, men are more likely to receive post-stroke rehabilitation, reflecting significant gender-related disparities. These findings highlight sex- and gender-related inequities in publicly funded stroke care and the need for age-adjusted, system-level interventions.

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SEX- AND GENDER-RELATED DIFFERENCES IN MORTALITY AND REHABILITATION AFTER ISCHEMIC STROKE IN UKRAINE: A NATIONWIDE ANALYSIS

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Background and aims: Sex- and gender-related disparities in ischemic stroke outcomes remain insufficiently explored in Ukraine, particularly within publicly funded healthcare systems. Using nationwide data from Ukraine, we aimed to assess sex differences in in-hospital mortality and gender-related differences in access to post-stroke rehabilitation among patients treated for acute ischemic stroke.

Methods: A nationwide, retrospective, observational study was conducted using data from a centralized national health database - Health Service of Ukraine. The analysis included all patients hospitalized with ischemic stroke between 1 January and 15 December 2025 and treated under the Medical Guarantees Program. Descriptive statistical analyses were performed using Microsoft Excel and SPSS, with group comparisons conducted using chi-squared tests.

Results: A total of 96,683 patients were analyzed (47,366 women and 49,317 men). Crude in-hospital mortality was higher in women