



Acute and Stable Ischemic Heart Disease

EFFECT OF MYOCARDIAL ISCHEMIA IN DIABETIC AND NON-DIABETIC PATIENTS: LONG-TERM FOLLOW-UP OF MASS REGISTRY

Poster Contributions
 Posters Hall_Hall A
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Background: Prognostic role of myocardial ischemia has been debated. The association with diabetes mellitus (DM) seems to add risk of cardiovascular events. We aimed to assess whether ischemia confers additional risk in diabetic population.

Methods: This is a single-center, prospective study including subjects with coronary artery disease who underwent surgery, percutaneous intervention or medical therapy. They were stratified according to the presence of ischemia and DM. Primary endpoint was defined as overall death or myocardial infarction (MI). Secondary endpoint was overall death.

Results: We enrolled 1001 patients with conclusive stress tests: 790 (79%) with ischemia and 211 (21%) without ischemia. Median follow-up was 8.7 years (IQR 4.04-10.07). The primary outcome occurred in 228 (28.9%) patients with ischemia and 64 (30.3%) without ischemia ($p = 0.60$). Event rate among those with negative stress test, with or without DM, was similar ($p = 0.96$ and $p = 0.60$ respectively). Among those with ischemia, 145 (35.6%) with DM presented the combined event compared to 83 (21.7%) without DM (HR: 1.39; 95% CI 1.06-1.83, $p = 0.01$). Death occurred in 117 (28.7%) diabetic and 65 (17%) in non-diabetic subjects (HR: 1.49, 95% CI: 1.01- 2.03, $p = 0.01$).

Conclusion: Overall, the presence or absence of ischemia was not related to death or MI. However, subset of patients with DM and ischemia revealed increased risk of death and cardiovascular events irrespective of treatment strategy.

