

# Clopidogrel after MI less effective in diabetes patients

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(HealthDay)—Clopidogrel therapy following a heart attack does less to reduce the risk of death in patients with diabetes than in those without diabetes, according to a study published in the Sept. 5 issue of the *Journal of the American Medical Association*.

Charlotte Andersson, M.D., Ph.D., from Gentofte Hospital in Hellerup, Denmark, and colleagues analyzed data from the Danish nationwide administrative registries (2002 to 2009) for 58,851 patients hospitalized with incident [myocardial infarction](#) (MI) who had survived and had not undergone [coronary artery bypass surgery](#) 30 days after discharge.

The researchers found that recurrent MI occurred in 1,790 patients with diabetes (25 percent) and 7,931 patients without diabetes (15 percent);

of these, 1,225 with (17 percent) and 5,377 without diabetes (10 percent) died. The unadjusted mortality rates (events/100 person-years) were 13.4 (95 percent confidence interval [CI], 12.8 to 14.0) versus 29.3 (95 percent CI, 28.3 to 30.4) for patients with diabetes treated with clopidogrel versus those not treated. The unadjusted mortality rates were 6.4 (95 percent CI, 6.3 to 6.6) versus 21.3 (95 percent CI, 21.0 to 21.7) for those patients without diabetes treated with clopidogrel versus those not treated. Clopidogrel was associated with significantly less effectiveness for all-cause mortality (hazard ratio, 0.89 [95 percent CI, 0.79 to 1.00] versus 0.75 [95 percent CI, 0.70 to 0.80]) and for [cardiovascular mortality](#) (hazard ratio, 0.93 [95 percent CI, 0.81 to 1.06] versus 0.77 [95 percent CI, 0.72 to 0.83]) among patients with diabetes versus those without diabetes.

"Among patients with diabetes compared with patients without diabetes, the use of conventional clopidogrel treatment after MI was associated with lower reduction in the risk of all-cause death and cardiovascular death," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

**More information:** [Abstract](#)

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