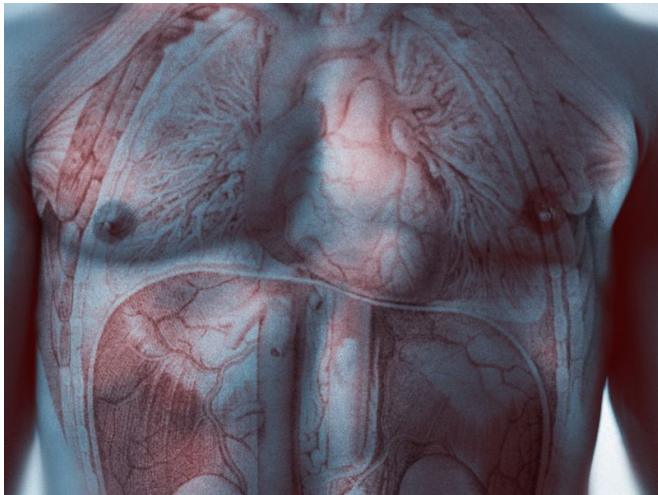


Diabetes confers worse prognosis for patients with ACS

20 July 2016



versus NSTEMI-ACS in early versus late mortality among patients with diabetes, with an excess of early mortality associated with STEMI (9.3 versus 3.7 percent; hazard ratio, 2.31). Patients with diabetes with STEMI had an increased risk of early stent thrombosis (hazard ratio, 2.26) and a significant interaction in the risk of target lesion revascularization between early and late follow-up, compared to [patients](#) with [diabetes](#) with NSTEMI-ACS.

"Diabetes in ACS setting confers a worse prognosis with one-year mortality >10 percent in both STEMI and NSTEMI-ACS," the authors write.

Two authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract](#)

[Full Text \(subscription or payment may be required\)](#)

(HealthDay)—For patients with acute coronary syndromes (ACS), diabetes confers a worse prognosis, according to a study published in the Aug. 1 issue of *The American Journal of Cardiology*.

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Raffaele Piccolo, M.D., from the Bern University Hospital in Switzerland, and colleagues examined data on the timing of adverse events using pooled patient-level data from six studies with 16,601 patients; data were included for 9,492 patients with ACS, of whom 20.3 percent had diabetes mellitus. The authors examined early (zero to 30 days), late (31 to 365 days), and overall [adverse events](#).

The researchers found that all-cause [mortality](#) was highest for patients with diabetes with ST-segment elevation myocardial infarction (STEMI; 13.4 percent) at one year, followed by patients with diabetes with non-ST-segment elevation ACS (NSTEMI-ACS, 10.3 percent), and was lower for patients without diabetes with STEMI and with NSTEMI-ACS (6.4 and 4.4 percent, respectively). There was a significant interaction for STEMI

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