

## **P1908 : Heart failure in AMI-diabetic patient is associated with poor compliance to evidence based medicine despite high risk profile: insight from the FAST-MI registry**

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**Topic(s):**

Prognosis

**Citation:**

European Heart Journal ( 2007 ) 28 ( Abstract Supplement ), 300-301

**Purpose:** Diabetes and Heart Failure (HF) are independent bad prognosticator in patients with AMI. We sought to assess the impact of HF on quality of care and outcome in very high risk patients namely these associating diabetes and AMI.

**Methods:** We analysed the outcome among 1316 diabetic patients with AMI prospectively included in the FAST MI cohort.

**Results:** Out of 1245 diabetic patients with available data for antecedent of HF, Killip class and LV ejection fraction (540 with and 705 without ST segment elevation), 51% had HF mostly acute (AHF: 525pts/42.2%) or chronic (CHF: 102pts/8.2%). Compared to patients without HF, these diabetic patients were significantly mainly women, older, and had more frequently a past history of hypertension and coronary heart disease but also chronic renal or respiratory failure and vascular disease. Clinical presentation was mostly atypical with less chest pain or ST segment elevation at admission but higher prevalence of atrial fibrillation or elevated blood pressure at admission. All comparisons were made between patients with CHF/AHF or no HF. Among diabetic patients with ST segment elevation heart failure was associated with decreased cases of reperfusion, thrombolysis or primary PCI were not realized in 68/52 and 37% for no HF pts ( $p = 0.002$ ). Furthermore, use of anti GP2B3A perfusion (21;31;38%; $p = 0.001$ ) and coronary angiography (61;73; 92%; $p= 0.001$ ) were less frequent in HF pts. Finally these high risk patients had less beta-blocker (68;66;77%; $p < 0.01$ ) and statins (66;74;82%; $p<0.001$ ), equal proportion of ACE inhibitors or ARB (72;71;71%;ns) but more anti-aldosteron (5;14;2%; $p<0.001$ ) at discharge. HF was associated with a higher mortality rates during hospital stay (11;12; 2%;  $p< 0.01$ ) and 6 months after discharge (32; 24; 6.5%;  $p< 0.001$ ). In multivariate analysis, CHF (OR: 4.9; 95%CI: 2.8-8.5) and AHF (OR: 3.6; 95%CI: 2.5-5.4) significantly increased mortality in AMI-diabetic patients at 6 months.

**Conclusion:** Despite their high risk profile and increased mortality rate AMI-diabetic patients with HF lacks of appropriate treatment. Atypical presentation and clinical characteristics could partly explain this outcome but this morbid association should lead to an early aggressive treatment.