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Event: ESC Congress 2007

Title: Diabetic patients on sulfonylureas have mid-term outcomes similar to that of non diabetic patients after AMI.

Evaluation Topic: 06.09 - Diabetes

Acronym Abbreviation: FAST-MI

Acronym: Frech registry of Acute ST-elevation and non ST elevation Myocardial Infarction

On Behalf of: FAST-Mi investigators

Category: Bedside

Options: None

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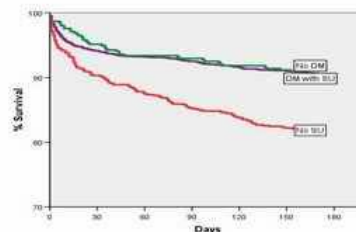
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**Aim:** To assess 6-month mortality according to the presence of diabetes (DM) and its treatment in patients admitted for AMI.

**Methods:** The FAST-MI registry included consecutive patients admitted for ST-elevation (STEMI) or non-STEMI  $\leq 48$  hours of symptom onset, in 223 French ICUs over 2 months from October 2005. In-hospital outcome was compared for all 2332 non diabetic patients and 1,310 known DM patients according to their antidiabetic treatment before admission: no SU (SU0, n=851), and use of SU (SU+, n=459).

**Results:** Non diabetic patients were younger ( $66 \pm 15$  years) than SU+ ( $69 \pm 11$  years) or SU0 ( $70 \pm 11$  years) ( $p < 0.001$ ) and had a lower GRACE score on admission ( $163 \pm 38$  v.  $165 \pm 37$  v.  $170 \pm 38$ ,  $p < 0.001$ ). 6-month survival was significantly higher in non diabetic patients (91%) compared with DM patients (85%,  $p < 0.001$ ). Cox x-variate analysis found that presence of DM was independently associated with increased risk of 6-month death (OR 1.43; 95%CI: 1.13-1.81;  $p = 0.003$ ). When outcomes were analysed according to presence of DM and previous use of SU, 6-month survival was 91% in non diabetic patients, 90% in SU+, and 82% in SU0 ( $p < 0.001$ ). Using Cox analysis, SU0 patients had a significantly higher 6-month mortality than non diabetic patients (OR: 1.53; 95%CI: 1.21-1.93,  $p < 0.001$ ), while SU + diabetics had a survival similar to that of non diabetic patients (OR 0.79; 95% CI: 0.55-1.14,  $p = 0.21$ ). Use of insulin or metformin was not an independent predictor of 6-month survival.

**Conclusion:** With the present management of AMI, diabetic patients as a whole remain at higher risk of 6-month mortality, compared with non diabetic patients. Among DM patients, however, those on sulfonylureas have a 6-month survival similar to that of non diabetic patients.



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