

Heart**4.30 Impact of Diabetes and Impaired Glucose Tolerance (IGT) on Complications and Hospitalisation in Patients with Acute Coronary Syndrome***F. Gennaro, M. Rizzo, E. Corrado, S. Evola, S. Novo*

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Introduction: Purpose of this study was to estimate the impact of diabetes and impaired glucose tolerance (IGT) on complications and hospitalisation in patients admitted for Acute Coronary Syndrome (ACS).

Methods: during 2005 have been treated 430 patients (141 male, 289 female) admitted to our operative department for Acute Coronary Syndrome; according to glycemia value this patients have been separate into three groups: normal glycaemia level (126 mg/dl to fast). All patients (mean age 64 ± 11 years) have been examined to show the presence of cardiovascular risk factors (RF) and to measure glycaemia, total cholesterol (CT), HDL and LDL cholesterol (HDL-C, LDL-C), triglyceride (TG), fibrinogen and c-reactive-protein (CRP).

Results: The coronary angiography showed that patients affected by diabetes, compared with other groups, have a significant increased risk as compared to other groups. Coronary angiography has demonstrated a significant increased prevalence of coronary multi-vessel disease in diabetic patients as compared to other groups ($p<0.0001$): 53% of diabetics showed three vessel disease vs 22% of IGT patients and 10% of normoglycemic patients. The coronary angiography was followed by coronary angioplasty on 35% of patients with normal glycaemia level, on 57% of IGT patients and on 25% of diabetic patients ($p=0.003$). Diabetic patients were treated with revascularisation on 31% vs 23% of patients with normal glycaemia level and 14% of IGT patients. 38% of diabetic patients showed some complications during hospitalisation (MI, arrhythmias, APE, CHF) vs 32% of IGT patients and 26% of normal glycaemia level patients. The hospitalisation days were 5 ± 4 for patients with normal glycaemia level, 6 ± 4 for IGT patients, 7 ± 4 for diabetics ($p<0.004$).

Conclusions: Diabetic patients showed a greater prevalence of RF like hypertension and dyslipidemia than other groups. High level of glycaemia is associated with greater number of complications during hospitalisation (e.g. Arrhythmia on 32% of diabetics, 21% of IGT patients, 14% of normal glycaemia level patients) and with extension of hospitalisation day.