NEWLY DIAGNOSED DIABETES AND STRESS GLYCAEMIA IN PATIENTS WITH ACUTE CORONARY SYNDROME

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Background: Diabetes is diagnosed in 10-20% of patients with acute coronary syndrome (ACS) not known to be diabetics. Glycolysis hemoglobin, elevated blood glucose and stress glycaemia are an independent risk factors for in-hospital morbidity and mortality, regardless of presence or absence of diabetes.

Aim: In our study, we aimed to evaluate the prevalence of newly-diagnosed diabetes among patients with acute coronary syndrome, and to assess the relationship between stress glycaemia, glycol regulation and newly-diagnosed diabetes with in-hospital morbidity and mortality.

Methods: This was a prospective observational study with data gathered from the hospital registry of patients hospitalized because of the acute coronary syndrome, during the period of January 2015- April 2017 at the University Clinic of Cardiology in Skopje, Republic of Macedonia. We analyzed demographic, clinical, biochemical variables, parameters of glycemic metabolism, and in-hospital cardiac events. We comparatively analyzed patients according to the HbA1C and known DM in five groups: Non-DM (<5.6%), new pre-DM (5.6-6.5%), new DM (≥6.5%), controlled (<7%) and uncontrolled (≥7%) known DM.

Results: 860 patients, (590 males and 270 females) were included. Impaired glucose metabolism was detected in 43.5% of patients, 8.1% of whom were newly-diagnosed DM. The highest levels of stress glycaemia were found in newly-diagnosed, and uncontrolled known diabetics. The in-hospital event rate was 21.3%, the mortality rate 8.1%, being the highest in newly-diagnosed and known but uncontrolled diabetic patients.

Conclusions: We observed high prevalence of unknown diabetes among patients with acute coronary syndrome. Stress glycaemia and failure to achieve glycemic controlee, were an independent predictor of in-hospital morbidity and mortality.

Biography

Marija Vavlukis has her expertise in acute cardiac care, in treatment of acutely cardiac ill patients with acute coronary syndrome, acute or acute worsening chronic heart failure, pulmonary thromboembolism, malignant arrhythmias. Also, her special interest is in the area of dyslipidemias and diabetes mellitus, especially in the association with coronary artery disease, and newly diagnosed diabetes in the settings of acutely ill patients. By using data registries, she is interested in identification of easy to assess predictors of in-hospital and long-term prognosis in ACS patients, but also in heart failure patients. Her other field of interest and expertise is nuclear cardiology. Utilization of cardiac imaging modalities in the diagnostic and prognostic aims is something she do on every day basis.

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