

Oral Presentation Award Winner

LDL-C Reduction in Diabetic Patients after Percutaneous Coronary Intervention: Is There any Difference with Non-diabetic?

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Objective: The clinical benefit of lowering LDL cholesterol (LDL-C) in secondary prevention is well known from clinical trials, especially in diabetic patients. The aim of this study was to evaluate LDL-C reduction in diabetic versus non-diabetic patients after percutaneous coronary intervention in clinical praxis.

Materials and methods: An observational study was conducted among patients who underwent a percutaneous coronary intervention in a tertiary hospital between January 2018 and December 2018. Lipid profile was assessed during a 2-year follow-up. According to ESC clinical guidelines in 2018, LDL-C goal was <70mg/dl. An algorithm was designed to determine whether the lipid-lowering therapy changes during follow-up were appropriated or not in order to achieve this goal.

Results: A total of 300 consecutive patients were included and 37.7% of them were diabetic. This subgroup had more arterial hypertension (AHT)

(86.7% versus 59.4%, $p<0.001$), dyslipidaemia (85.8% versus 60.4%, $p<0.001$) and previous coronary artery disease (62.8% versus 29.4%, $p<0.001$).

After hospital discharge, the first blood test (146 ± 111 days) showed that 74% of diabetic versus 52.6% of non-diabetic ($p<0.001$) had and LDL-C <70mg/dl. During follow-up, an appropriate lipid-lowering treatment change was made in 86.3% of diabetic versus 74.3% of non-diabetic patients. Final LDL-C (400 ± 190 days) was lower in diabetic (61 ± 28 versus 68 ± 27 mg/dl, $p=0.028$).

Conclusion: After PTCA/stenting, the achieved LDL-C levels are lower in diabetic versus non-diabetic patients. Therapeutic inertia is lower in diabetics as physicians are more aware of the cardiovascular risk of this subgroup. However, further interventions are necessary to improve secondary prevention which remains suboptimal. □