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Characteristics of ischemic cardiomyopathy in symptomatic type 2 diabetic patients

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Background: ischemic cardiomyopathy is a common and severe complication of type 2 diabetes. The aim of our work is to study the epidemiological profile of ischemic cardiomyopathy in diabetic patients.

Patients and methods: we conducted a prospective observational study collated in the department of cardiology of Mohammed V Military Hospital of Rabat, between January 2008 and April 2012 concerning 111 patients admitted for ischemic cardiomyopathy, 61 of whome were diabetic.

Results: The mean age was higher in diabetic patients with a statistically significant difference between the two groups. A male predominance was noted in both groups without significant difference. The main cardiovascular risk factor was hypertension (70%) in diabetic patients (p=0.005) and smoking (66%) in non-diabetic patients (p = 0.821). The main symptom was dyspnea in diabetics (66.3%) and chest pain in non-diabetics (68%). Signs found on electrocardiogram were: repolarization disorders (58% non-diabetics vs 55% diabetics), Q waves (56% non-diabetics vs 51% diabetics) and left bundle branch block (34% diabetics vs 26% non-diabetics). The mean left ventricular ejection fraction was estimated at 28,92% in diabetic patients and at 27,38% in non-diabetic patients. Coronary angiography has objectified a multi-vessel disease in 68.8% of diabetic patients and 56% of non-diabetic patients. In addition to optimal medical treatment, transluminal coronary angioplasty was performed in 31.1% of diabetic patients vs. 26% of non-diabetic patients and bypass surgery was performed in 24.5% of diabetics vs. 22% of non-diabetics. The intra-hospital evolution was marked by 8 deaths in diabetic patients and 2 deaths in non-diabetic patients.

Conclusion: Type 2 diabetes has an effect on morbidity and mortality in ischemic cardiomyopathy, that emphasize the importance of controlling all known risk factors in patients with type 2 diabetes and detecting earlier this disease.

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Predictive factors of side effects of amiodarone in the amiotox registry

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Backround: Amiodarone is a widely used antiarrhythmic drug in Tunisia and worldwide. However, its side effects are quite frequent hampering its use despite its efficacy.

Objective: The purpose of our study was to determin the prevalence of amiodarone side effects and to analyse its predictors in our population.

Results: From May 1st 2010 to April 30th 2012, 200 consecutive patients (mean age: 61.9 ± 12.9 years) were included. Mean duration of amiodarone therapy was 51.9 ± 48.4 months with a mean dose of 288.1 ± 274.2 g. Atrial fibrillation (81.5%) was the most common indication. Amiodarone side effects occurred in 144 patients (72%). Refering to multivariate analysis, independent predictors were:

– Advanced age (p=0.02), treatment duration (p< 0.001) and cumulative dose (p< 0.001) for occurrence of all side effects.
– Treatment duration > 6 months (p=0.008) for corneal deposits.
– Age >70 years (p=0.001) and cumulative dose (p<0.00.1 with a logarithmic correlation) for thyroid toxicity.
– Cumulative dose (p<0.001) and thyroid disease history (p=0.047) for hypothyroidism.
– Age >70 years (p=0.002) and treatment duration (p< 0.001 with a linear correlation) for cutaneous toxicity.
– Cumulative dose >300 g (p = 0.012) and heart failure (p= 0.05) for bradycardia.
– Cumulative dose >100 g (p= 0.012) for QT prolongation
– Treatment duration (p< 0.001 with a linear correlation) and betablokers concomittent use (p=0.046) for PR elongation.
– Treatment duration (p<0.001 with an exponential correlation) and concomittent VKA use (p=0.018) for hepatic toxicity.
– Treatment duration > 18 months (p=0.009) and concomittent CCB use (p<0.001) for neurological toxicity.

Conlusion: The results of our study confirmed that amiodarone side effects are quite frequent in our population, and that in addition to treatment dose and duration, other predictors for these effects were identified such as age and some drug associations.