III (NDDM) included 6 patients. Mean BMI of group I, II and III was 23.5±3.7, 24.1±2.9 and 28.8±7.2 kg/m2 respectively. The difference between the groups was statistically significant indicating higher values in group II and group III. Mean HDL-C level of group I, II and III was 34±5.5, 33.3±7 and 29.5±6.7 mg/dl respectively. The values were less in patients with IGT and NDDM. Mean LDL-C level of group I, II and III was 85.4±33.5, 94.6±32 and 122.6±44.7 mg/dl respectively. The values were higher in patients in group II and III. Mean TG level of group I, II and III was 121.8±44.2, 155.8±90.7 and 183.5±83.6 mg/dl respectively. The values were higher in patients with IGT and NDDM. Mean TC level of group I, II and III was 85.4±33.5, 94.6±32 and 122.6±44.7 mg/dl respectively. The values were higher in group II and III.

Mean Fasting insulin levels of group I, II and III was 4.3±1.9, 10±4.3 and 27.1±13.4 μIU/ml respectively indicating increased insulin resistance in group III. The values of HOMA-IR were increased in group II and III. When values of QUICKI were taken into consideration then IR was found to be maximal in group III than others.

Conclusions: Our study demonstrated that among Asian Indian patients subjected to OGTT before discharge following AMI, abnormal glucose tolerance was present in a significant (32%) number of subjects, after the exclusion of those with known diabetes. The present study also reinforces the high insulin resistance in Indian subjects as indicated by BMI, lipid profile and high levels of insulin and HOMA-IR I patients with IGT and NDDM.

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**Our experience with ticagrelor in the patients of acute coronary syndrome**

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**Background:** Ticagrelor is an oral, reversible, direct-acting inhibitor of the adenosine diphosphate receptor P2Y12 that has a more rapid onset and more pronounced platelet inhibition than clopidogrel. We studied the clinical effects of TICAGRELOR at our hospital in comparison with CLOPIDOGREL.

**Methods:** In this single center, observational study, we compared Ticagrelor (180-mg loading dose, 90 mg twice daily thereafter) and Clopidogrel (300-to-600-mg loading dose, 75 mg daily thereafter) for the prevention of cardiovascular events in 240 patients admitted to the hospital with an acute coronary syndrome, with or without ST-segment elevation.

**Results:** At the end of the study period, total number of patients included in the study were 240 patients out of which 60 (25%) were treated with Ticagrelor and 180 (75%) were treated with Clopidogrel. In patients treated with Ticagrelor, 1 (1.7 %) died of Sudden Cardiac arrest (? Myocardial infarction), 4 (7%) had myocardial infarction. No cases of stroke were reported in Ticagrelor group. 2 (3.4%) patients had major bleeding episodes (1 patient had large hematoma at puncture site requiring multiple units of blood transfusion and 1 patient had Intra-Cerebral bleed). 4 (7%) patients had complained of new onset dyspnea, which was evaluated with PFT which showed no significant abnormality, oxygen saturations were found to be normal. Patients were reassured and the drug was continued and eventually patients tolerated the drugs well.

In patients treated with Clopidogrel, 4 (2.2 %) patients died, 2 patients had Myocardial infarction, 1 had major intra-cranial bleed, 1 patient had sudden cardiac death. 15 (8.3%) had myocardial infarction. 2 (1.1 %) patients had stroke. 5 (2.7 %) patients had major bleeding episodes (4 patient had large hematoma at puncture site requiring multiple units of blood transfusion and 1 patient had Intra-Cerebral bleed). 4 (2.2 %) patients had complained of new onset dyspnea, which was evaluated with PFT which showed no significant abnormality, oxygen saturations were found to be normal. Patients were reassured and the drug was continued and eventually patients tolerated the drugs well.

**Conclusion:** In patients who had an acute coronary syndrome with or without ST-segment elevation, treatment with Ticagrelor, as compared with Clopidogrel, significantly reduced the rate of death from vascular causes, myocardial infarction, or stroke, with increase in the rate of overall major bleeding. The major limitation of the study was that it wasn’t a randomized controlled trial and comparatively small number of patients were studied.

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**Prognostic implication of stress hyperglycaemia in MI comparative study between Diabetics and non-diabetics**

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**Background:** Rise in blood glucose levels secondary to neuroendocrine changes during critical illness.

**Methods:** 100 patients with Acute MI were included over a period of 6 months, patients with first time detected MI, with diabetes and non-diabetics excluding patients with contraindications to thrombolytic therapy, who are given dextrose before admission with Hemoglobinopathies on sympathomimetic or sympatholytic drugs, other co-morbid illnesses. Thrombolitics given, Random blood sugar levels are taken at the time of admission blood sugars are taken on 1st, 2nd day. HbA1c levels are taken .Heart rate, killips class determined, 2D Echo was done -2nd day, Serial ECG’s were taken daily for 1 week, Oral glucose tolerance test was done at the time of discharge.

**Results:** Based on the ADMISSION BLOOD GLUCOSE (ABG) patients with normoglycemia (classI) with ABG < 140 were 20, no of Non –diabetics with Stress Hyperglycemia (class II)ABG <140, HbA1c <6.6 are 40, Diabetics with ABG >140, HbA1c >6.6 are 40. Mean Blood Glucose in class I is 93.5, class II is 161.025, classIII is 262.125 , incidence of class 1 is 40(66.6%). Mean Age in classI is 48, classII is 51, diabetics is 58. males are effected more(75%) , Mean HbA1class 1 - 5.32 classII - 5.37 classIII- 6.77 ,commonest site of infarction is anterior wall MI . class I and II have moderate to severe LV dysfunction more in Class II. Mean Ejection Fraction in classI - 60%, classII - 51%, diabetics– 53%, ST segment reduction classI is (71.8%), classII(51.6%). classIII (60.8%). Complications are more in Class II 28(46.6%) and Class III 10(25%). LFV in Class II – 12(30%) in Class III 6(15%). Recurrent angina in Class –II 3 (7.5%) Mortality in Class I – 0, Class II- 8 (20%), Class III- 6(17.45%). Mean Blood Glucose where Morality occurred ClassII- 169, diabetics – 281. Mean of Oral Glucose Tolerance Test classI, classII after 1st hr and 2nd hr is within normal range i.e. 84.4 and 123.2 in diabetics it is 140.5 and 181.7.

**Conclusion:** Stress hyperglycaemia is associated with poor prognosis than in chronic illness.