

## Acute Coronary Syndromes

### NEWLY DIAGNOSED DIABETES AND PRE-DIABETES IN PATIENTS AFTER ACUTE MYOCARDIAL INFARCTION PREDICTS ADVERSE OUTCOMES DURING A THREE-YEAR FOLLOW-UP: RESULTS OF THE SWEETHEART REGISTRY

Poster Contributions

Poster Sessions, Expo North

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**Background:** There is a considerable prevalence of glucose abnormalities in patients presenting with an acute myocardial infarction. The present analysis reports the prevalence of dysglycemia and the impact of newly diagnosed diabetes on mortality at the 3-year follow-up.

**Methods:** A total of 2,767 consecutive patients presenting with STEMI or NSTEMI were enrolled. Patients underwent an OGTT at day 4 after admission. For the comparison of patients with different glucose abnormalities Kaplan-Meier plots were produced.

**Results:** The mean age was 66.4 years (median) and 74.6% male. Of the patients with glucose values (2536) 769 (30.5%) had normal glucose tolerance, 417 had impaired fasting glucose (16.6%), 182 impaired glucose tolerance (7.2%) and 461 had newly diagnosed diabetes (18.3). A total of 689 or 27.4% had pre-existent diabetes mellitus. Patients with abnormal glucose values were younger, more often female, had more risk factors like hypertension, increases in serum creatinine, and had a frequent history of cardiovascular events. The relative risk for death and MACCE gradually increased in patients with increasing dysglycemia. Results were consistent in subgroups defined by age, gender, MI type, HbA1c at admission, FPG at admission, the provision of optimal medical therapy or the presence of co-morbidity.

**Conclusions:** There is a considerable prevalence of dysglycemia in patients presenting with an acute myocardial infarction and leads to an increase in death rates.

