

**Results:** Median GRACE in-Hospital and 6 month mortality score was 139 and 131 respectively. The observed mortality showed gradient according to GRACE risk score, being lowest in Low risk, increased in Intermediate Risk and highest in High risk group.

In hospital and 6 month, Observed & anticipated mortality, HLP value for calibration and C statistics for discrimination is shown in Table.

The Hosmer-Lemeshow P-value between 0.31 to 0.51 shows that the calibration power of GRACE score for observed against predicted, in-hospital as well as 6-month mortality is acceptable for all subsets of ACS population.

C statistics of close to 0.8 shows good discrimination power of GRACE risk score for all subgroups of ACS patients.

**Conclusion:** GRACE Score is accurate, with good calibration and discrimination power to predict mortality in Indian ACS patients and can be used for risk stratification and deciding the management strategy.

There is no statistically significant difference in the anthropometric, biochemical, vascular function and in cardiovascular events in patients with CAD while using either coconut oil or sunflower oil as cooking media over a period of 2 years.

**Conclusion:** Even though difficult for many reasons, long term dietary interventions in atherosclerosis is possible with meticulous planning and by using study compliance techniques.

### Effect of Ranolazine on angina frequency in patients with Type 2 DM and Chronic stable angina

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**Table- Discrimination & Calibration power of GRACE score**

	Patient no.	Observed mortality %	Anticipated mortality %	Hosmer-Lemeshow P-value	C statistics AUC-ROC (95% CI)
In-hospital					
Total	516	4.84	4.4	0.51	0.80(0.78-0.81)
STEMI	159	8.1	7.7	0.43	0.81(0.78-0.81)
NSTEMI/UA	357	3.3	3.1	0.39	0.78(0.76-0.80)
6-month					
Total	445	6.3	5.9	0.41	0.79(0.77-0.82)
STEMI	134	8.9	8.4	0.32	0.81(0.77-0.83)
NSTEMI/UA	311	5.1	4.8	0.31	0.77(0.74-0.82)

### Coconut oil Vs Sunfloweroil in atherosclerosis - Challenges in dietary intervention

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**Background and Rationale:** Dietary intervention in atherosclerosis is difficult for reasons such as longer duration for the impact to be evident, maintaining the compliance up to the end and to balance the other contributing factors. This is the first study in literature on the effect of cooking oil media on cardiovascular risk factors and lipid profiles and cardiac events. This study evaluated the effect of the most commonly used cooking media in the state of Kerala to answer the question what oil to be used after cardiac events.

**Design and Methods:** Two hundred patients with proven coronary artery disease on standard medical care were (100 each) assigned to coconut oil or sunflower oil as a cooking oil media for 2 years.

Total 1200 clinical visits were carried out and collected data on anthropometry, lipids, lipoproteins, antioxidants flow mediated vasodilation and cardiac events.

Study compliance to a particular oil arm was assured by using 3 tools: 24 hour recall, 7 Day recall and diet diary.

**Results:** Recruitments was completed in 3 yrs. The reason for the delay were patient decision to change over to a particular oil.

Family acceptance of the need for special cooking pattern.

Consent to undergo study related visits and blood test.

99% patients in each arm adhered to the oil assigned. All patients completed the final visit. Except for the particular oil all other factors including the calories derived from major foodstuff were maintained equal in both groups.

**Background:** Patients with diabetes have extensive CAD. Ranolazine is effective in treating angina and may also improve glycemic control. We conducted a randomized trial to test the antianginal benefit of ranolazine in patients with diabetes and stable angina.

**Objectives:** Evaluate efficacy of ranolazine versus placebo on angina frequency and use of sublingual isosorbide dinitrate tablets in patients with type 2 Diabetes and stable angina who remain symptomatic despite treatment with 1 or 2 anti-anginal medications.

**Methods:** This was a trial of ranolazine versus placebo in patients with diabetes and stable angina treated with 1 to 2 antianginals. 185 patients were randomized to ranolazine and placebo group. Anginal episodes and isosorbide dinitrate use were recorded with daily entry into a diary. Primary outcome was the average weekly number of anginal episodes over the last 6 weeks of the study.

**Results:** A total of 185 patients were randomized. Mean age was  $62.35 \pm 1.18$  years, 58.92% were men, mean diabetes duration was 7.2 years, and mean baseline HbA1c was 6.75%. Weekly angina frequency was significantly lower with ranolazine versus placebo (4.8 [95% confidence interval (CI): 4.6 to 5.1] episodes vs. 5.3 [95% CI: 5.0 to 5.5] episodes,  $p = 0.004$ ), as was the weekly sublingual nitrate use (2.7 [95% CI: 2.6 to 2.9] doses vs. 3.1 [95% CI: 2.9 to 3.3] doses,  $p = 0.002$ ).

**Conclusions:** Among patients with diabetes and chronic angina, ranolazine reduced angina and sublingual nitrate use and was well tolerated.

### Psychosocial risk factors and recent ACS – A case control study

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