The Impact of Multi-vessel Spasm on 3-year Clinical Outcomes Compared with Single Vessel Spasm as Assessed by Intracoronary Acetycholine Provocation Test

Methods: We investigated a total of 3,566 consecutive patients (pts) who did not have DM from January 2004 to September 2009. To adjust potential confounders, a propensity score matched (PSM) analysis was performed using the logistic regression model. The primary end-point was the cumulative incidence of new-onset DM which was defined as having a fasting blood glucose ≥126 or HbA1c ≥6.5%. and assessed to determine the impact of low dose atorvastatin (10mg or 20mg).

Results: Mean follow up duration was 976±278 days in all-pt group, and 993±240 days in PSM group. After PSM (C-statistics: 0.851), a total 818 pts were enrolled for analysis. Adjusted with cox-regression analysis showed that low dose atorvastatin was an independent predictor of new-onset DM (OR=1.99, 95%CI 1.00–3.98, p=0.050, figure A). After PSM analysis, total 98 pts (atorvastatin 10mg, 49 and 20mg, 40) were analyzed (C-statistics: 0.715). There was no difference in the cumulative incidence of new-onset DM between the two groups (figure B).

Conclusion: Low dose atorvastatin therapy was associated with the cumulative incidence of new-onset DM; however, there was no difference between atorvastatin 10mg and 20mg in Asian patients.

TCTAP A-197

Risk Factors, Biomarkers, and Echocardiographic Parameters According to Coronary Artery Calcium Scoring (Agatston) Measured by 64-Channel Multidetector Computed Tomography

Methods: We investigated clinical characteristics, laboratory biomarkers and echocardiographic parameters in the patients who underwent coronary artery calcium scoring (CACS) measurement by 64-channel multidetector computer tomography (MDCT) from 2007 to 2011. CACS was measured by Agatston score. Biomarker and echocardiographic parameters were compared between the CACS=0 group (n=428) and CACS>0 group (n=102).

Results: Diabetes mellitus, hypertension, and hs-CRP>2.0 mg/dl were more frequent in CACS>0 group. Uric acid, hs-CRP, LVMI, and E/E' were higher, whereas hemoglobin, eGFR, calcium, phosphate, LVEF, and HDL-cholesterol were lower in CACS>0 group as compared with CACS=0 group. In multivariate analysis adjusted by gender, age, diabetes, hypertension, smoking history, and GFR, we found that HDL-cholesterol level was lower in the CACS>0 group, whereas LVMI, and E/E' were higher in the CACS>0 group (table).

Conclusion: In our study, we found lower HDL-cholesterol, higher LVMI and E/E' were associated with CACS.

TCTAP A-196

Impact of Low Dose Aterovastatin on Development of New-onset Diabetes Mellitus in Asian Population: Five-year Clinical Outcomes

Methods: We investigated a total of 3,566 consecutive patients (pts) who did not have DM from January 2004 to September 2009. To adjust potential confounders, a propensity score matched (PSM) analysis was performed using the logistic regression model. The primary end-point was the cumulative incidence of new-onset DM which was defined as having a fasting blood glucose ≥126 or HbA1c ≥6.5%. and assessed to determine the impact of low dose atorvastatin (10mg or 20mg).

Results: Mean follow up duration was 976±278 days in all-pt group, and 993±240 days in PSM group. After PSM (C-statistics: 0.851), a total 818 pts were enrolled for analysis. Adjusted with cox-regression analysis showed that low dose atorvastatin was an independent predictor of new-onset DM (OR=1.99, 95%CI 1.00–3.98, p=0.050, figure A). After PSM analysis, total 98 pts (atorvastatin 10mg, 49 and 20mg, 40) were analyzed (C-statistics: 0.715). There was no difference in the cumulative incidence of new-onset DM between the two groups (figure B).

Conclusion: Low dose atorvastatin therapy was associated with the cumulative incidence of new-onset DM; however, there was no difference between atorvastatin 10mg and 20mg in Asian patients.

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