

면 GENERAL CARDIOLOGY: HYPERTENSION, PREVENTION AND LIPIDS

IMPACT OF MULTIPLE RISK FACTOR INTERVENTION ON PROGRESSION OF CORONARY ATHEROSCLEROSIS IN PATIENTS WITH TYPE 2 DIABETES MELLITUS

ACC Oral Contributions Ernest N. Morial Convention Center, Room 243 Monday, April 04, 2011, 8:00 a.m.-8:15 a.m.

Session Title: Identifying and Reducing Cardiovascular Risk: An Update 2011 Abstract Category: 17. Risk Reduction and Rehabilitation Presentation Number: 907-3

Authors: Yu Kataoka, Mingyuan Shao, Kathy Wolski, Kiyoko Uno, E.Murat Tuzcu, Steven E. Nissen, Stephen J. Nicholls, Cleveland Clinic, Cleveland, OH

Background: Diabetic patients with coronary artery disease (CAD) demonstrate accelerated progression of coronary atherosclerosis. The impact of multiple risk factor intervention on disease progression has not been investigated.

Methods: 460 diabetic patients with angiographic CAD underwent serial intravascular ultrasound imaging to monitor the change in atheroma burden in 7 clinical trials. Disease progression was compared in patients stratified according to whether they achieved increasing numbers of treatment goals of individual risk factors (HbA1c<7.0%, LDL-C <100mg/dL, triglyceride<150mg/dL, systolic blood pressure <130mmHg, CRP <2.0mg/L).

Results: A high rate of established medical therapies was used in all patients (89% statins, 94% aspirin, 76% β -blockers, 66% ACE inhibitors, 66% metformin, 62% TZD, 17% insulin). No differences were observed with regard to percent atheroma volume (PAV) and total atheroma volume (TAV) at baseline. On serial evaluation slowing of progression of PAV (p=0.011) and TAV (p<0.001) was observed with increasing the number of risk factors achieving treatment goals. On multivariable analysis adjusting for baseline risk factors, increasing the number of factors meeting treatment goals continued to be associated with a beneficial impact on progression of PAV (p=0.031) and TAV (p<0.001) (Table).

Conclusions: The benefit of achieving optimal control of multiple risk factors highlights the need for modification of global risk in patients with diabetes.

Table

	no goais (n=28)	HbA1e<7% 0-1 risk factors (n=109)	HbA1c<7% * 2 risk factors (n=117)	HbA1c<7% * 3 risk factors (n=131)	HbA1c<7% + 4 risk factors (n=63)	p-value
Baseline						
baseline percent atherona volume (%)	38.9 ± 9.4	38.2±7.2	39.5±8.5	39.4 ± 8.9	39.9±8.2	0.682
baseline total atheroma volume (mm ³)	200.9 ± 90.9	194.8±75.1	200.8 ± 86.1	189.7 ± 89.0	195.2 ± 92.3	0.729
Serial Change						
change in percent atheroma volume (%)	1.43 ± 0.55	0.97 ± 0.29	0.24 ± 0.28	0.27 ± 0.27	0.20 ± 0.36	0.011
change in total atheroma volume (mm ²)	8.24 ± 4.14	2.45 ± 2.72	-1.91 ± 2.89	-2.55±2.64	-6.69 ± 3.12	<001
Adjusted Serial Change						
change in percent atheroma volume (%)	1.56±0.57	0.92 ± 0.29	0.21 ± 0.26	0.30 ± 0.25	0.14 ± 0.37	0.031
change in total atherona volume (mm ³)	8.03 ± 4.28	2.38 ± 2.73	-0.66 ± 2.58	-1.69 ± 2.55	-7.47 ± 3.14	<0.001