Glucose-Insulin-Potassium Infusion Improves Association of Inflammation and Benefit of Statins in Myocardial Ischemia and Infarction without statin treatment than in those with statin treatment in patients with high CRP. In 0.96). Although the 1-year mortality was not different among patients with and without tivariate Cox regression analysis revealed that statin treatment remained predictive of a mortality than those without statin treatment (1.1% versus 3.2%, log rank, p<0.001). Mul-

21 days after the onset). Patients with statin treatment at discharge had a lower 1-year Acute Coronary Insufficiency Study. CRP was measured during the stable phase (mean,

Methods and Results

However, this effect of statin therapy for acute myocardial infarction (AMI) is unknown. The effect of inflammation on coronary risk has shown to be attenuated by statin therapy in patients with stable coronary artery disease. The objective of this subgroup analysis was to assess whether GIK improves myocardial salvage in various subsets of pts. We randomized 312 patients with AMI to receive either GIK infusion for 24 hours (GIK group, n=155) or no GIK (control group, n=157). The primary endpoint of the study was salvage index (proportion of myocardium at risk salvaged by therapy) as measured by technetium Tc 99m sestamibi scintigraphic studies performed before and 7-10 days after therapy. Various subsets of pts (fig) were analyzed according to their difference in salvage index. In the overall pts group salvage index was 0.5 in the GIK group and 0.48 in the control group (p=0.96). The subgroup analysis is shown in the figure. The results of this subgroup analysis demonstrate that GIK enhance myocardial salvage only in pts with diabetes.

Glucose-Insulin-Potassium Infusion Improves Myocardial Salvage in Diabetic Patients With Acute Myocardial Infarction Treated With Reperfusion Therapy

Juergen Pache, Joerg Hauteleur, Adrian Kastrai, Julinda Mehilli, Hildegarde Bolwein, Helmut Schühlen, Josef Diricshinger, Albert Schoemig. 1. Medizinische Klinik rechts der Isar, Munich, Germany, Deutsches Herz Zentrum Muenchen, Munich, Germany

Patients (pts) with acute myocardial infarction (AMI) who receive reperfusion therapy might have some benefit from glucose-insulin-potassium infusion (GIK). GIK is expected to enhance myocardial salvage obtained with reperfusion. The objective of this study was to assess whether GIK improves myocardial salvage in various subsets of pts. We randomized 312 patients with AMI to receive either GIK infusion for 24 hours (GIK group, n=155) or no GIK (control group, n=157). The primary endpoint of the study was salvage index (proportion of myocardium at risk salvaged by therapy) as measured by technetium Tc 99m sestamibi scintigraphic studies performed before and 7-10 days after therapy. Various subsets of pts (fig) were analyzed according to their difference in salvage index. In the overall pts group salvage index was 0.5 in the GIK group and 0.48 in the control group (p=0.96). The subgroup analysis is shown in the figure. The results of this subgroup analysis demonstrate that GIK enhance myocardial salvage only in pts with diabetes.

Association of Inflammation and Benefit of Statins in Patients With Acute Myocardial Infarction

Kunihiro Krie, Hiroshi Sato, Yozo Ohnishi, Eiji Hishida, Daisaku Nakatani, Hiroya Mizuno, Masahiko Shimizu, Masatsugu Hori, Osaka University Graduate School of Medicine, Suita, Japan

Background: Inflammation as detected by elevated C-reactive protein (CRP) levels predicts the risk of coronary events. The effect of inflammation on coronary risk has shown to be attenuated by statin therapy in patients with stable coronary artery disease. However, this effect of statin therapy for acute myocardial infarction (AMI) is unknown. Methods and Results: We studied 3508 survived AMI patients who enrolled in Osaka Acute Coronary Insufficiency Study. CRP was measured during the stable phase (mean, 21 days after the onset). Patients with statin treatment at discharge had a lower 1-year mortality than those without statin treatment (1.1% versus 3.2%, log rank, p<0.001). Multivariate Cox regression analysis revealed that statin treatment remained predictive of a lower 1-year mortality rate (hazard ratio (HR), 0.38; 95% confidence interval (CI), 0.15-0.96). Although the 1-year mortality was not different among patients with and without statin treatment in patients with low CRP, the 1-year mortality was higher in the patients without statin treatment than in those with statin treatment in patients with high CRP. In the presence of statin therapy, the HR for 1-year mortality was significantly reduced in patients with high CRP (HR, 1.46; 95% CI, 0.15-14.5) to about the same degree as in patients with low CRP and who did not receive statin therapy (HR, 2.53; 95% CI, 0.46-13.6). Conclusions: Statin treatment at discharge is associated with reduced 1-year mortality of patients with AMI. Furthermore, statin treatment significantly attenuates the increased risk for 1-year mortality in patients with AMI. Measurement of CRP levels may improve targeting of statin therapy in patients with AMI.

Improvement of Long-Term Outcome in Acute Myocardial Infarction Over Time: Experiences From the Register of Information and Knowledge About Swedish Heart Intensive Care Admissions

Ulf Bengtström, Lars Wallentin, Heart Center, University Hospital, Linkoping, Sweden, UCR, University Hospital, Uppsala, Sweden

Background: During the last years several new therapies, some very costly, have proven in clinical trials to improve survival in patients with acute myocardial infarction (AMI). The aim of this study was to evaluate if these new therapies have changed long term outcome in a non selected CCU population of daily care patients. Methods & Results: All patients admitted to participating CCUs were included. Clinical background, admission status, medications, interventions, complications were recorded for the years 1995-2001 including 1 year follow-up until the end of 2002 in 80% of the Swedish hospitals. Among the CCU patients there were 73828 with AMI. In hospital and long term mortality decreased for each studied year. The Kaplan-Meier curves indicate that during the study period 1-year mortality has sunk from 21% to 16% in patients 66-75 years (figure 1), 9% to 6% in patients below 65 years, and 39% to 35% in patients older than 75 years. Conclusion: This analysis supports that new therapies have helped to improve 1-year survival in not only in selected trial patients but also in an unselected cohort of daily CCU patients of all ages with AMI.

Pharmacologic Therapy of Ischemic Heart Disease

Sunday, March 07, 2004, Noon-2:00 p.m.
Morial Convention Center, Hall G
Presentation Hour: 1:00 p.m.-2:00 p.m.

Catheter Therapy for Patients With Coronary Heart Disease: Findings From the Pilot to Assess Catheter Therapy

Gnaomio A. Lamas, Alan Ackermann, Danielle Hollar, Paul Kurlansky, Joseph Vita, Charles H. Hennekens, Mount Sinai Medical Center-Miami Heart Institute, Miami Beach, FL; Boston University School of Medicine, Boston, MA

Background: Catheter therapy involves a series of intravenous infusions of dssiom EDTA. Despite widespread use for the treatment of coronary heart disease (CHD), ran-

domized data on safety and benefits are relatively sparse. The Pilot for the Trial to Assess Catheter Therapy (PACT) was a randomized, double-blind, placebo-controlled trial, com-

paring EDTA cathelation with placebo infusions. Methods: PACT randomized and followed 40 patients, 30 assigned to chelation therapy, and 10 to placebo infusions. All patients received 15 weekly infusions of chela-
tion or normal saline, plus low-dose vitamin supplementation. Laboratory safety data were compared between groups on the last day of infusion. We also performed endothelial function studies using brachial artery flow-mediated dilation expressed as percent above baseline (FMD %).

Results: On the day of the last infusion, there were no significant differences between the chelation and placebo groups for: creatinine (1.1 v 1.1), glucose (112 v 134), hemat-