

Abstract No. **6**

Category: **Acute Coronary Syndromes**

Title: **Coronary Interventions in Diabetic and Non-Diabetic Patients With Acute Coronary Syndrome**

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Abstract:

Background: type 2 diabetes mellitus(DM) and cardiovascular disease are highly prevalent. A benefit of early angiography and revascularization in the setting of non-ST-segment elevation (NSTEMI) myocardial infarction is more in DM than in non-diabetic (NoDM) individuals, but mortality remains high in diabetics

Methods: In a high complexity institution on south west Colombia, a prospective cohort of all consecutive patients admitted with acute coronary syndrome (ACS) between 2011 and 2018 taken to percutaneous coronary intervention (PCI) were included in the final analysis according to DM status

Results: There were 943 (22.9%) DM and 3161 (77.1%) noDM patients, of 64 and 61 years old respectively. Body mass index was 27.9 vs 25.7. Personal history and follow up events are shown in Table 1. In hospital length was 7.3 (DM) vs 4.1 days, 119 (12.8%) of DM died, vs 288 (9.2%). There were no differences at hospital discharge in secondary prevention treatment. Indications for PCI (DM vs noDM) were unstable angina 20.8 vs 21.5%, stable angina 31.6 vs 31.1%, STEMI 4.0 vs 4.4% and NSTEMI 26.9 vs 27.7%. At 6f follow up, DM patients showed 3.3 % vs 1.1 % noDM mortality to 6th month and an additional 1.1 DM vs 0.5 % NoDM mortality.

Conclusion: DM patients had fewer thoracic pain episodes, but with more NSTEMI and STEMI, hospitalizations, prolonged hospital length and mortality than no diabetics. The use of secondary prevention drugs still low in both, possibly associated with the socioeconomic, educational and insurance levels