Cardiac Risk in Diabetes Often Overestimated

Medical management may explain surprisingly low cardiovascular death and MI rates.

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FROM THE ANNUAL MEETING OF THE AMERICAN SOCIETY OF NUCLEAR CARDIOLOGY
DENVER – Diabetes patients with stable symptoms of coronary artery disease appear to have a lower cardiac event risk than previously thought.

The yearly rate of cardiovascular death or nonfatal MI was 1.9% in a series of 444 consecutive diabetes outpatients with symptoms suggestive of coronary artery disease (CAD) who underwent exercise treadmill or pharmaco logic stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging. The cardiovascular death rate of 0.4% per year and the nonfatal MI rate of 2.0% per year were surprisingly low, given that 39% of subjects had known CAD and the rest had symptoms suggestive of CAD, Dr. Jamesion M. Bourque noted at the meeting.

The explanation may be found at least in part in contemporary evidence-based intensive medical management for risk reduction in this traditionally high-risk population, added Dr. Bourque of the University of Virginia, Charlottesville.

Of the 444 symptomatic diabetes patients, 78.5% had no inducible ischemia on stress SPECT myocardial perfusion imaging. 16.5% had 1%-9% left ventricular ischemia, and 5% had left ventricu lar ischemia of at least 10%. Again, these are lower rates than would be expected based on historical data taken from the era before aggressive risk factor modification in patients with diabetes and CAD symptoms.

During a median 2.4 years of follow-up, the combined rate of cardiovascular death or nonfatal MI was 2.4% in a prospective series of diabetes patients with stable symptoms suggestive of CAD.

Data Source: A consecutive series of 444 patients followed for a median of 2.4 years.

Disclosures: Dr. Bourque said he had no financial conflicts.

Major Finding: The annual combined rate of cardiovascular death or nonfatal MI was 2.4% in a prospective series of diabetes patients with stable symptoms suggestive of CAD.