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Diabetic AMI patients receive suboptimal thrombolytic treatment

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Keywords

Diabetes mellitus, mortality, myocardial infarction, retinal hemorrhage, thrombolysis

Context

Danish research published in the December issue of The European Heart Journal reveals that diabetic patients with acute myocardial infarction (AMI) are less likely to be treated with thrombolysis than their non-diabetic counterparts.

Significant findings

Analysis of the data revealed that diabetic AMI patients have a grossly increased long-term mortality, with 7-year mortality rates as high as 79% in insulin-treated, 73% in tablet-treated and 62% in diet-treated diabetic patients, compared with 46% in non-diabetic patients. They also found that even though the diabetic patients had the same frequency of ST-segment elevation and the same admission delay, treatment with thrombolysis and aspirin was significantly less frequently prescribed to diabetic patients than to non-diabetic patients.

Comments

The authors surmise that this less optimal treatment may be responsible for the increased mortality among diabetic AMI patients. The authors state that: "The reluctance to treat is presumably due to a fear of retinal haemorrhages. This argument is, however, erroneous since the risk of this complication is minimal and since diabetic patients have at least the same benefit of thrombolysis as non-diabetic patients." They conclude that intensive efforts are required to reduce the high mortality among diabetic

AMI patients, and call for investigations into new specific treatments, such as intensively administered insulins, and more aggressive use of well-established therapies such as thrombolysis.

Methods

The authors evaluated the pre-admission history, presentation, initial treatment and long-term mortality of 6676 patients with AMI who were enrolled into the Trandolapril Cardiac Evaluation (TRACE) study. In this cohort, 719 (11%) of the patients had a history of diabetes.

Additional information

References

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