

Discordant Impact of Preprocedural and Followup Glycemic Control on Clinical Outcomes in Diabetic Patients Undergoing Percutaneous Coronary Intervention

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Purpose: Few studies exist on the effect of preprocedural and followup optimal glycemic control on long-term clinical outcomes in type 2 diabetic patients undergoing PCI. **Methods:** We enrolled 2,570 type 2 diabetic patients who underwent PCI from January 2004 to December 2009 in COACT (Catholic university of Korea percutaneous coronary intervention) registry. Patients were categorized into two groups based on preprocedural HbA1c levels: pre-PCI optimal glycemic control group (HbA1c < 7%; n=1,200) and pre-PCI suboptimal glycemic control (HbA1c > 7%; n=1,370). Each pre-PCI group was further categorized into two subgroups based on their follow-up HbA1c levels. **Results:** Pre-PCI optimal glycemic control had significantly lower long-term mortality (adjusted hazard ratio (HR) 0.769, p=0.026) and MACE (adjusted HR 0.785, p=0.006). However, followup optimal glycemic control achieving HbA1c < 7% did not translate into favorable clinical outcomes in the pre-PCI suboptimal glycemic control group (mortality, p=0.509; MACE, p=0.782). **Conclusion:** Pre-PCI optimal glycemic control was significantly associated with better clinical outcome after PCI in type 2 diabetic patients. However, followup optimal glycemic control was not associated with improved clinical outcome.

