

 [Print this Page for Your Records](#)[Close Window](#)**Control/Tracking Number:** A-07-2108-EASD**Activity:** Abstract**Current Date/Time:** 3/31/2007 7:13:11 AM**Impact of type of sulfonylureas on survival in diabetic patients with acute myocardial infarction****Author Block:** N. DANCHIN¹, M. ZELLER², T. SIMON³, A. VAHANIAN⁴, Y. COTTIN², J. BERLAND⁵, P. GUERET⁶, P. WYART⁷, R. DETURCK⁸, J.-P. CAMBOU⁹;¹Cardiology, HEGP, Paris, France, ²Cardiology, CHU Dijon, Dijon, France, ³Pharmacology, Hopital St Antoine, Paris, France, ⁴Cardiology, CHU Bichat, Paris, France, ⁵Cardiology, Clinique St Hilaire, Rouen, France, ⁶Cardiology, CHU Mondor, Créteil, France, ⁷Cardiology, Villeneuve St Georges, Paris, France, ⁸Cardiology, CHG, Lens, France, ⁹Recherche, Société Française de Cardiologie, Paris, France.*Abstract:***Background and Aims:** Questions have been raised as to the cardiovascular safety of sulfonylureas (SU). Glibenclamide is a non-selective sulfonylurea known to inhibit ischemic preconditioning of the myocardium, unlike the newer SU (gliclazide, glimepiride). Aim: To assess early and 6-month mortality according to the previous use and type of SU in diabetic patients admitted for AMI in a nationwide French registry.**Materials and Methods:** The FAST-MI registry included consecutive patients admitted for ST-elevation or non-ST elevation myocardial infarction ≤ 48 hours of symptom onset, in 223 French intensive care units over 2 months from October 2005. In the 1316 diabetic patients, 3 groups were defined according to their antidiabetic treatment before admission: no SU (SU0, n=851), Glibenclamide (SU1, n=120), new SU with pancreatic beta-cell selectivity (glimepiride/gliclazide, n=339) (SU2).**Results:**Age was not significantly different between the 3 groups (70 ± 12 , 71 ± 10 , 69 ± 11 , respectively for SU0, SU1 and SU2); 39%, 37% and 35%, respectively had a diabetes duration > 5 years (NS).Concomitant risk factors were similar in the 3 groups and the GRACE risk score was not significantly different (170 ± 38 , 162 ± 35 , 166 ± 38 , respectively). Patients with SU2 were less often co-treated with insulin (SU2: 9%, SU1: 16%, SU0: 40%, $p < 0.001$) and those without SU received less metformin (SU0: 30%, SU1: 53%, SU2: 40%, $p < 0.001$). Entry glycaemia was not significantly different for SU1 patients (2.32 ± 1.06 g/L) and SU2 patients (2.19 ± 1.07) but was lower in SU0 patients (2.02 ± 1.05 , $p < 0.005$). HbA1c was available in half of the patients; it was higher in SU1 ($8.0 \pm 1.5\%$) than in SU0 or SU2 (7.5%) ($p < 0.05$). Time from onset of symptoms to admission was similar in the 3 groups and reperfusion therapy was used in a similar proportion of the patients.Five-day mortality was 5.3% in SU0, 2.5% in SU1, and 0.9% in SU2 patients ($p < 0.001$). 6-month mortality was significantly higher in SU0 (18.3%) and SU1 (13.4%) compared with SU2 (8.7%) ($p < 0.001$). Mortality was the lowest in patients on SU2, both in those on metformin or insulin and in those not receiving these medications. Using Cox multivariate analysis, the odds ratio for 6-month mortality versus patients without SU was 0.82; (95% CI: 0.47-1.43, $p = \text{NS}$) in patients on SU1, and 0.42 (95% CI: 0.27-0.65, $p < 0.001$) in patients on SU2. **Conclusion:** Patients on new sulfonylureas have an improved early and 6-month survival, compared with patients with non-selective sulfonylureas or no SU.

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