



LDL-C reduction in diabetic patients after percutaneous coronary intervention. Is there any difference with non-diabetic?

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Objectives: The clinical benefit of lowering LDL cholesterol (LDL-C) in secondary prevention is well known from clinical trials, especially in diabetic patients. Aim of this study was to evaluate the LDL-C reduction in diabetic versus non-diabetic patients after percutaneous coronary intervention in clinical praxis.

Methods: an observational study was conducted among patients who underwent a percutaneous coronary intervention in a tertiary hospital between January 2018 and December 2018. Lipid profile was assessed during a 2-year follow-up. According to ESC clinical guidelines in 2018, LDL-C goal was <70mg/dl. An algorithm was designed to determine whether the lipid-lowering therapy changes during follow-up were appropriated or not in order to achieve this goal.

Results: a total of 300 consecutive patients were included and 37.7% of them were diabetic. This subgroup had more arterial hypertension (AHT) (86.7% vs. 59.4%, $p<0.001$), dyslipidaemias (85.8% vs. 60.4%, $p<0.001$) and previous coronary artery disease (62.8% vs. 29.4%, $p<0.001$).

After hospital discharge, the first blood test (146±111 days) showed that 74% of diabetic vs. 52.6% of non-diabetic ($P<0.001$) had and LDL-C<70mg/dl. During follow-up, an appropriate lipid-lowering treatment change was made in 86.3% of diabetic vs. 74.3% of non-diabetic. Final LDL-C (400±190 days) was lower in diabetic (61±28 vs. 68±27 mg/dl, $P=0.028$).

Conclusion: After PTCA/stenting, the achieved LDL-C levels are lower in diabetic versus non-diabetic patients. Therapeutic inertia is lower in diabetics as physicians are more aware of the cardiovascular risk of this subgroup. However, further interventions are necessary to improve secondary prevention which remains suboptimal.