

CABG Improves Survival in Diabetic Patients with Heart Disease



According to an article in *The Annals of Thoracic Surgery*, in diabetic patients with heart disease, coronary artery bypass grafting (CABG) surgery is better than stenting (percutaneous coronary intervention, PCI) at improving their long-term survival and reducing the risk of adverse complications.

Diabetic patients are two to four times more likely to have heart disease as compared to non-diabetics. Approximately 65 percent of these patients will die from heart disease. Those who require medical intervention should talk to their physicians to determine the best possible treatment option. This study indicates that bypass surgery is more effective for this patient population as compared to stenting.

The study was conducted by Paul Kurlansky, MD, from Columbia University Medical Center in New York and his colleagues who examined data on all patients undergoing CABG or PCI for coronary artery disease. They compared 240 well-matched patients from each treatment group. The results of the study show that mortality was more common in patients who received PCI than those who underwent CABG. In addition, patients in the PCI group had a higher risk of non-fatal heart attack and a need for revascularisation.

Dr. Kurlansky points out that CABG is more effective in diabetic patients because it addresses the entire downstream circulation and is a more complete solution as compared to PCI which addresses only localised lesions.

“Unlike a lot of other studies that focus on select groups of patients who receive special therapies, our results reflect a ‘real world’ picture of contemporary medical practice and are broadly applicable to the general population of diabetic patients with severe coronary artery disease,” said Dr. Kurlansky.

The study did not examine the long-term risk of stroke in the two patient groups and the researchers note that this could possibly be an area of further investigation.

In an accompanying commentary, Robert F. Tranbaugh, MD, from Mount Sinai Beth Israel in New York, also appreciated these findings and praised the efforts of Kurlansky et al in defining the optimal treatment of diabetic patients with coronary artery disease. He also emphasised that these findings should be incorporated into the management of diabetic patients with multi-vessel heart disease and cardiac surgeons and cardiologists should work together to seek the most durable and the safest treatment option for these patients.

Source: Society of Thoracic Surgeons

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