

Abstract

Aim and objective

- To compare post myocardial infarction outcome in patients with diabetes and without diabetes after thrombolytic therapy

Study group

- Study was conducted in department of general medicine. There were 100 patients included in this study. 50 diabetic and 50 non diabetic with Myocardial infarction in South Indian population

Inclusion criteria

- 1. Chest pain consistent with active MI of < 24 hrs duration.**
- 2. ECG changes i.e St-Segment Elevation > 0.2 MV in at least two contiguous chest leads or > 0.1 MV in at Least two contiguous limb leads.**
- 3. New or presumably new left bundle branch block on ECG.**
- 4. Raised levels of cardiac enzymes CPKMB more than double of the reference value of positive troponin I these patients came with in 12 hours of chest pain and received streptokinase on presentation.**

Exclusion criteria

Patients included in the study were informed and obtained the consent a detailed history was taken, particularly of age, sex occupation, address, H/O smoking, Diabete mellitus, hypertension family history of ischaemic heart disease and physical examination. Important parameters such as pulse, blood pressure and ECG changes were noted, they were subject to other Lab investigations such as RBS, Hba1c, Blood urea, Serum creatinine, serum cholesterol and lipid profile, cardiac enzymes, chest x-ray & echo. All data was analyzed by SPSS (statistical package for social sciences) version 12.0 for windows, chi-square test was used to compare the demographic characteristics and completion in both group with 0.05% level of significance. Ethical comity clearance obtained.

Results

Out of 100 patents to 70 males and 30 females - 41 (82%) out of 50 non-diabetic patients, ST segment resolution occurred and in 8 (16%) out of 50 diabetic patents. 43 out of 50 diabetics had Hba1c levels between 8.4% -12.8% and 16 out of 50 non-diabetics had 5.6%-10.1%. In non diabetics, complications developed in 15 (30%) out

of 50 and in diabetics, 39 (78%) out of 50 patients. Diabetics with incomplete ST resolution compared to complete resolution were found to have more in hospital complications such as; recurrent chest pain (68% vs 20% $p<0.0001$) Heart failure (38% vs 16% $p=0.0007$) Arrhythmias (56% vs 13.8%, $p<0.0001$) Mortality (6.8% vs 0%, $p=0.0001$). In Non-Diabetics: Recurrent chest pain (52.2% vs 15.8%, $p<0.0001$) Heart Failure (43.8% vs 13.9% $p=0.0002$) & arrhythmias (51.1% vs 11.0%, $p <0.0001$).