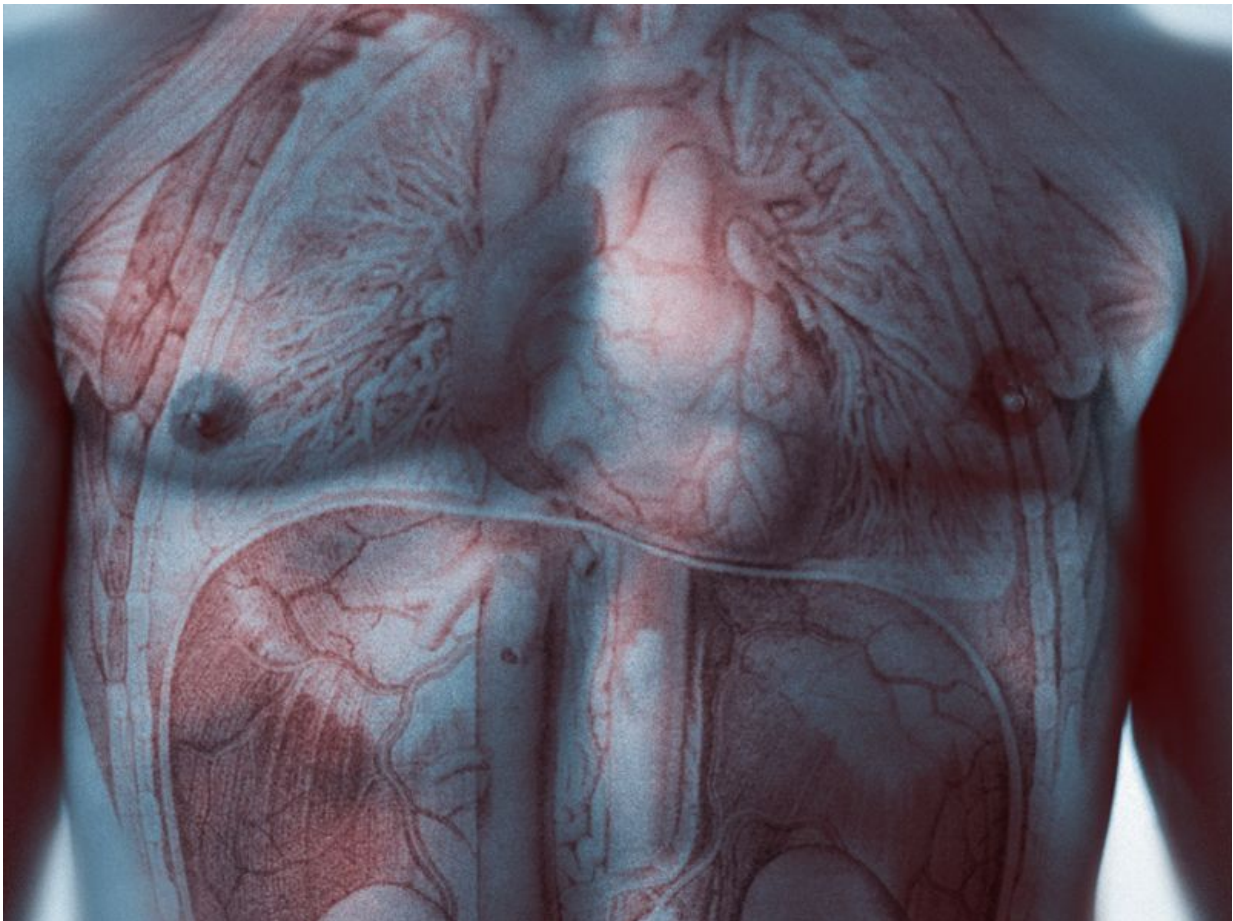


Deferred revascularization tied to poor outcomes in diabetes

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(HealthDay)—For patients with diabetes mellitus (DM), deferred

revascularization is associated with poor medium-term outcomes, according to a study published in the Nov. 1 issue of *The American Journal of Cardiology*.

Mark W. Kennedy, M.B., Ch.B., from Isala Hartcentrum in Zwolle, Netherlands, and colleagues examined the safety and efficacy of deferred versus complete revascularization using a fractional flow reserve (FFR)-guided strategy in patients with DM. Data were analyzed from 294 patients who underwent FFR-guided revascularization, of whom 69.7 percent had at least one remaining FFR-negative medically treated lesion (FFR[-]MT) and 30.3 percent had only FFR-positive lesions and underwent complete revascularization (FFR[+]CR) .

The researchers found that FFR(-)MT correlated with a higher major adverse cardiovascular event (MACE) rate (44.0 versus 26.6 percent; adjusted hazard ratio, 2.01) at a mean follow-up of 32.6 months, with increased safety and efficacy end points: death/myocardial infarction (MI), rehospitalization for [acute coronary syndrome](#), and target lesion revascularization (hazard ratios, 2.02, 2.06, and 3.38, respectively). Within the FFR(-)MT group, but not in the FFR(+)CR group, previous MI was a strong effect modifier (hazard ratio, 1.98). There was a significant interaction for MACE between FFR groups and previous MI (P = 0.03).

"In patients with DM, particularly those with previous MI, deferred revascularization is associated with poor medium-term outcomes," the authors write. "Combining FFR with imaging techniques may be required to guide our treatment strategy in these patients with high-risk, fast-progressing atherosclerosis."

More information: [Full Text \(subscription or payment may be required\)](#)

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