



79th



International
Scientific
Conference of
the University
of Latvia

30-day mortality after myocardial infarction in men with type 2 diabetes mellitus in Latvia

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Background

Prevalence of diabetes has been rising all over the world, more rapidly in low- and middle-income countries. In Latvia in 2017 there were 86 639 patients registered of type 2 diabetes mellitus (T2DM) with the prevalence of 4 478.9/100 000. T2DM can be related to exceeded mortality after acute myocardial infarction (AMI).

Aim

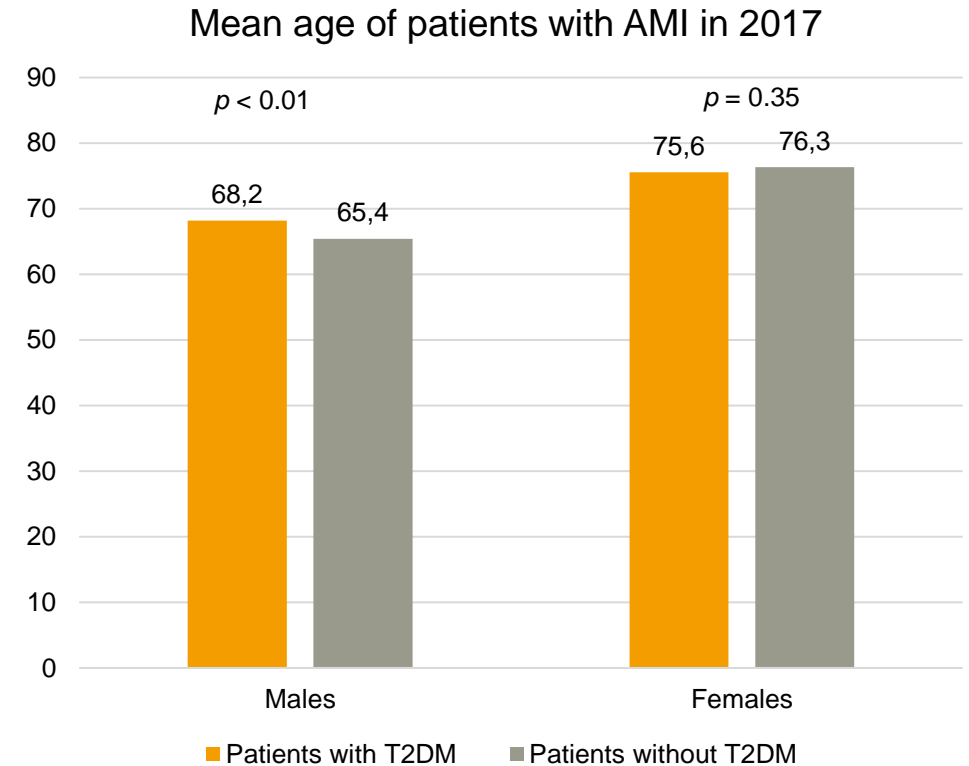
The aim of the current study was to compare the 30-day mortality after AMI in patients with T2DM and without T2DM in Latvia in 2017.

Methods

- 2466 AMI patients from administrative dataset available in Latvian Centre for Disease Prevention and Control database
- Cross-sectional analysis
- Year of study - 2017
- T2DM identified from state paid outpatient, inpatient services, and state-reimbursed medications retrospectively one year before AMI hospitalization
- Age groups: 0-39, 40-49, 50-59, 60-69, 70-79, 80+ years (direct age-adjustment)
- Statistical analysis:
 - Mean (M) and Standard Deviation (SD)
 - Odds ratio (OR) and 95% confidence intervals (CI)
 - A p -value of < 0.05 was considered significant.

Results

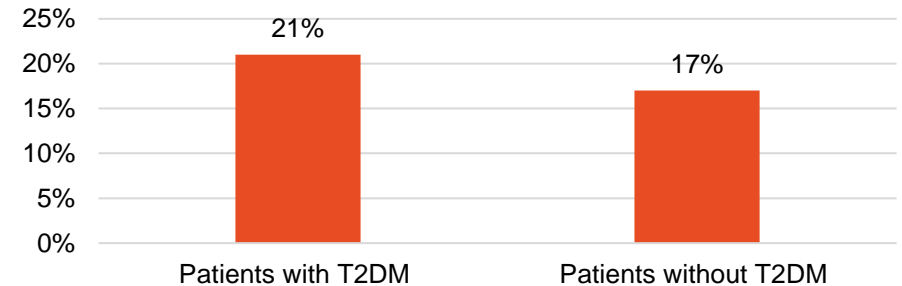
- From the total number of AMI hospitalization cases, T2DM was diagnosed in 22% of patients, 52% of them were men
- For men with T2DM: M = 68.2 (SD = 11.4) years
- For men without T2DM: M = 65.4 (SD = 12.6) years
- For women with T2DM: M = 75.6 (SD = 9.9) years
- For women without T2DM: M = 76.3 (SD = 11.4) years.



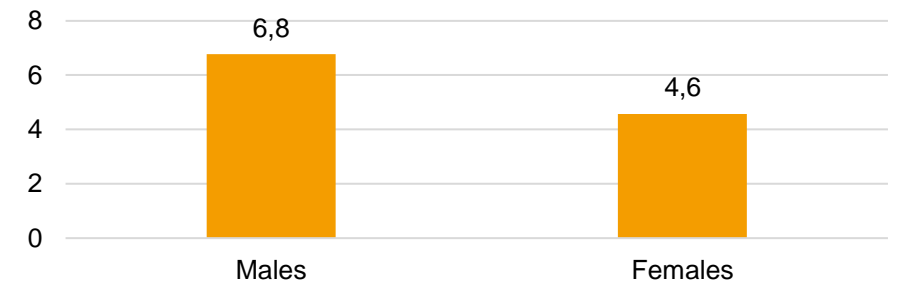
Results

- 30-day mortality: 21% for patients with T2DM
- 30-day mortality: 17% for patients without T2DM
- 30-day mortality rate for men with T2DM: 6.8/100 000,
- 30-day mortality rate for women with T2DM: 4.6/100 000
- For men with T2DM, the 30-day mortality was 21% higher (OR= 1.21, 95% CI 0.84-1.76) than for men who have not been diagnosed T2DM
- For women with T2DM, the 30-day mortality was 12% higher (OR = 1.12, 95% CI 0.80-1.57) in those with T2DM than in women who have not been diagnosed T2DM.

30-day mortality after AMI hospitalization



30-day mortality for patients with T2DM, per 100 000 population



Conclusion

Gender differences should be considered by treating T2DM patients with AMI.