Prognostic value of bleeding after percutaneous coronary intervention in patients with diabetes.

The aim of this study was to assess the impact of bleeding after percutaneous coronary intervention (PCI) on the outcome of patients with type 2 diabetes. This study included 4,329 diabetic patients who underwent PCI. Bleeding was assessed using the Bleeding Academic Research Consortium criteria. The primary outcome was one-year mortality. Bleeding events occurred in 474 patients (10.9%). Access-site and non-access-site bleeds occurred in 274 patients (58%) and 200 patients (42%), respectively. Within the first year after PCI there were 198 deaths: 45 deaths (9.6%) among patients with bleeding and 153 deaths (4.0%) among patients without bleeding (adjusted hazard ratio=2.04 [95% confidence interval 1.38-3.00], p<0.001). There were 25 deaths (12.7%) among patients with non-access-site bleeding and 20 deaths (7.4%) among patients with access-site bleeding (odds ratio [OR]=3.45 [2.20-5.41], p<0.001 for non-access-site bleeding vs. no bleeding and OR=1.90 [1.17-3.01], p=0.008 for access-site bleeding vs. no bleeding). Bleeding improved the discriminatory power of the multivariable model for mortality prediction (p=0.002). In patients with diabetes undergoing PCI, occurrence of bleeding within the first 30 days after PCI was associated with a significant increase in the risk of
one-year mortality.