Prognostic value of impaired fasting glucose for outcomes of patients with stable angina pectoris treated with percutaneous coronary interventions.

Abstract:
The prognostic value of the newly defined impaired fasting glucose (IFG) range (100 to 109 mg/dl) for the outcomes of patients undergoing percutaneous coronary interventions is unknown. We assessed the composite of death or myocardial infarction at 1 year of follow-up in 189 patients with IFG and 801 patients with a normal fasting glucose (<100 mg/dl), all with stable angina. The 1-year cumulative rate of death or myocardial infarction was 10.3% in the IFG group and 4.4% in the normal fasting glucose group (p = 0.002). In the multivariate model, IFG was an independent predictor of the occurrence of death or myocardial infarction (adjusted hazard ratio 2.30, 95% confidence interval 1.29 to 4.08, p = 0.005). An IFG of 100 to 109 mg/dl in patients with stable angina who undergo percutaneous coronary intervention may identify a patient subset with an increased risk of death or myocardial infarction.