



The 7th World Congress on
**Controversies to Consensus in Diabetes,
Obesity and Hypertension (CODHy)**
Sorrento, Italy April 11-13, 2019
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METABOLIC SYNDROME AND THE RISK OF ADVERSE CARDIOVASCULAR EVENTS AFTER AN ACUTE CORONARY SYNDROME

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Purpose The incremental prognostic value of assessing the metabolic syndrome (MS) has been disputed. Little is known regarding its prognostic value in patients after an acute coronary syndrome. **Methods** The presence of MS was assessed at baseline in SOLID-TIMI 52, a trial of patients within 30 days of acute coronary syndrome (median follow-up 2.5 years). The primary endpoint was major coronary events (coronary heart disease death, myocardial infarction or urgent coronary revascularization). **Results** At baseline, 61.6% (n = 7537) of patients met the definition of MS, 34.7% had diabetes and 29.3% had both. MS was associated with increased risk of major coronary events (adjusted hazard ratio (adjHR) 1.29, p < 0.0001) and recurrent myocardial infarction (adjHR 1.30, p < 0.0001). Of the individual components of the definition, only diabetes (adjHR 1.48, p < 0.0001) or impaired fasting glucose (adjHR 1.21, p = 0.002) and hypertension (adjHR 1.46, p < 0.0001) were associated with the risk of major coronary events. In patients without diabetes, MS was numerically but not significantly associated with the risk of major coronary events (adjHR 1.13, p = 0.06). Conversely, diabetes was a strong independent predictor of major coronary events in the absence of MS (adjHR 1.57, p < 0.0001). The presence of both diabetes and MS identified patients at highest risk of adverse outcomes but the incremental value of MS was not significant relative to diabetes alone (adjHR 1.07, p = 0.54). **Conclusions** After acute coronary syndrome, diabetes is a strong and independent predictor of adverse outcomes. Assessment of MS provides only marginal incremental value once the presence or absence of diabetes is established.



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