Recent studies have suggested that interventions targeting diabetes and coronary artery disease can significantly improve outcomes. Several randomized trials have been conducted to assess the efficacy of various interventions, including pharmacological and non-pharmacological approaches. Among these, the Bypass versus Angioplasty Revascularization Investigation - 2 Diabetes (BARI-2D) trial is a notable example.

In the BARI-2D trial, 1900 patients with diabetes and severe coronary disease were randomized to PCI or CABG. At 30 months median follow up, there were fewer primary events (death, myocardial infarction, and stroke) in the CABG arm. This suggests that CABG may be a better option than PCI for individuals with diabetes and severe coronary disease.

Another trial, the VA-CARDS trial, randomized 198 patients with diabetes and severe coronary disease to PCI or CABG. At 2 years follow up, the CABG group had lower mortality, indicating that CABG may be a more effective intervention for these patients.

The FREEDOM trial randomized 1900 patients with diabetes and multivessel coronary disease to PCI or CABG. At 30 months follow up, the CABG group had lower mortality, including a 40% reduction in cardiac mortality compared to PCI. This trial further supports the use of CABG for patients with diabetes and multivessel coronary disease.

In summary, randomized trials have shown that CABG is a safe and effective intervention for patients with diabetes and severe coronary disease. It is associated with lower mortality compared to PCI. Additional research is needed to determine the optimal intervention for patients with diabetes and multivessel coronary disease.

Endocrinology-2014: Interventions for chronic coronary artery disease in diabetes: Insights from recent randomized trials - Masoor Kamalesh- Indiana University

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encounters (ACEs), including misuse, disregard, and family unit troubles, improve the probability of type 2 diabetes sometime down the road by 32%, with disregard having the most grounded impact. Gestational diabetes takes after sort 2 diabetes in a few regards, including a blend of generally deficient insulin emission and responsiveness. It happens in around 2–10% everything being equal and may improve or vanish after delivery.

Biography
Masoor Kamalesh was trained at Beth Israel Deaconess Hospital, Harvard Medical School for cardiology and is currently working as Chief of cardiology at VA medical center Indianapolis, Indiana University. His research interest is in diabetes and heart disease. He has over 100 abstracts, reviews and original publications and has been funded by the Department of Veterans Affairs for his research.

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