CLINICAL FEATURES OF CORONARY ARTERY DISEASE IN PATIENTS RESISTANT TO ANTIPLATELET THERAPY

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Cardiovascular diseases are the leading cause of morbidity and mortality among patients with diabetes mellitus. In most diabetic patients, the risk of developing coronary artery disease (CAD) is comparable to that of patients with an established diagnosis of CAD. Improved glycemic control in diabetic patients does not lead to a reduced incidence of CAD. Diabetes is an independent major risk factor for CAD. Several studies have shown that aspirin resistance is associated with fasting blood glucose levels in patients with diabetes.

Objective of the Study:

To assess the prevalence and associated risk factors of resistance to Thrombo ASS (enteric-coated aspirin) in patients with coronary artery disease and diabetes mellitus (DM).

Materials and Methods:

Sixty patients with CAD were examined (35 women and 25 men), with an average age of 55 ± 10 years. All patients were receiving regular treatment with enteric-coated Thrombo ASS (75–100 mg daily for one month). According to the data, 11 (20%) elderly patients with CAD were resistant to aspirin therapy; 27 (50%) showed partial resistance. A total of 17 (30%) patients were found to have resistance to Thrombo ASS. Multivariate logistic regression analysis showed that elevated fasting serum glucose level (odds ratio 1.5, 95%) was a significant risk factor for Thrombo ASS resistance.

Results:

Previous studies have shown conflicting data regarding aspirin resistance. One study reported that 31% of healthy individuals taking 75 mg of Thrombo ASS per day were resistant, as determined by PFA-100 testing. This resistance was overcome with a daily dose of 500 mg. The use of low-dose Thrombo ASS (75 mg) was found to be a risk factor for resistance both in diabetic patients (odds ratio 1.20, 95% confidence interval 1.01–1.5, $P<0.05$) and in the overall study population (odds ratio 1.30, 95% CI 1.08–1.5, $P<0.01$).

Conclusion:

These findings suggest that a significant number of CAD patients resistant to aspirin therapy do not achieve adequate platelet inhibition. Multivariate analysis indicated that

elevated fasting blood glucose levels are an independent risk factor for aspirin resistance in patients with CAD.

LITERATURE:

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