

## Interventions for chronic coronary artery disease in diabetes- Insights from recent randomized trials

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Recently three major randomized clinical trials have addressed interventions in diabetics with chronic coronary artery disease and have clarified the approach to be taken in these patients. Further research is needed in some unknown areas.

In the Bypass versus Angioplasty Revascularization Investigation -2Diabetes (BARI-2D) trial patients with diabetes and multivessel coronary disease were assigned to percutaneous coronary intervention (PCI) or coronary bypass graft (CABG) surgery at the discretion of the cardiologist. These groups were then randomized to either medical therapy or intervention. The study had a 2X2 factorial design where patients were also randomized to insulin provision or sensitization. At the end of the study the lowest event rate was found in the group that got prompt CABG and insulin sensitization.

In the FREEDOM trial 1900 patients with diabetes and multivessel 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. All cause mortality was lower in the CABG arm.

In the VA-CARDS trial 198 patients with diabetes and severe coronary disease were randomized to PCI or CABG. At 2 years follow up CABG group had lower mortality although the primary endpoint was not different.

These studies clearly show that for diabetics with multivessel disease the best option is prompt CABG with optimal medical therapy.

### Biography

Masoor Kamalesh trained at Beth Israel Deaconess Hospital, Harvard Medical School for cardiology and is currently 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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