

## PREVALENCE OF DISORDERS OF CARBOHYDRATE METABOLISM IN PATIENTS IN THE ACUTE PHASE OF MYOCARDIAL INFARCTION AND AFTER DISCHARGE FROM THE HOSPITAL

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### ABSTRACT

Perceptions of the adverse prognostic role of stress hyperglycemia in the acute myocardial infarction (AMI) regardless of the presence or absence in patient's diabetes mellitus (DM) are commonly used. In the survey of 310 patients with AMI without diabetes history who admitted in the cardiology department of an emergency hospital and had stress hyperglycemia and 30.9% revealed impaired glucose tolerance (IGT), and 32, 1% - DM. The frequency of occurrence of violations of carbohydrate metabolism in patients with AMI who have not previously had DM together with 4.5% of new-onset DM amounted to 67.5%.

### Relevance

The prevalence of diabetes mellitus (DM) among patients hospitalized with acute myocardial infarction (AMI), ranges from 10% to 20% and is continuously growing. Type 2 diabetes is a significant risk factor for adverse outcomes in patients with AMI.

### Aim

To determine the frequency of hidden abnormalities of carbohydrate metabolism in patients without diabetes mellitus in anamnesis coming from acute coronary syndrome in the cardiology Department

### Materials and Methods

We examined 310 patients with AMI without diabetes history admitted in the cardiology department of emergency medical care hospital immediately after the onset of his symptoms. We examined the level of glycemia in venous plasma daily three times per day in acute and subacute periods of the AMI. 3 months after discharge from hospital all patients were investigated HbA1c and when the level is higher than 5.7% of them were carried out oral glucose tolerance test with 75g load of glucose.

### Results

Disorders of carbohydrate metabolism became extremely common among patients after AMI.

### Conclusions

All patients when admitted to hospital because AMI without type 2 diabetes in both acute and subacute periods it is necessary to investigate the glycemie profile 3 times a day for the exception of diabetes mellitus. 3 months after discharge from the hospital is recommended to reclassify patients who had stress hyperglycemia - HbA1c to investigate and conduct oral glucose tolerance test with 75 g of glucose with HbA1c $\geq$ 5.7 per cent. Treatment of diabetes in such

patients will help reduce the rate of relapse, mortality and mortality.

**KEYWORDS:** AMI, Stress Hyperglycemia, IGT, DM