

Conclusions In older patients with AMI, FPG values had differential influences on LV function and mortality. There was a U-shaped relationship between FPG and in-hospital/3-year mortality, and a near-linear relationship between increased admission glucose levels and higher Killip classification.

[gw22-e0709]

INFLUENCE OF ABNORMAL FASTING PLASMA GLUCOSE ON LEFT VENTRICULAR FUNCTION IN OLDER PATIENTS WITH ACUTE MYOCARDIAL INFARCTION

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10.1136/heartjnl-2011-300867.430

Objective We assessed whether the admission fasting plasma glucose (FPG) levels were associated with all-cause mortality and left ventricular (LV) function in older patients with acute myocardial (AMI).

Methods A total of 1854 consecutive patients were categorised into four groups: hypoglycaemia, euglycemia, mild hyperglycemias and severe hyperglycemias. The primary outcomes were in-hospital/3-year mortality and LV function.

Results There was a near-linear relationship between FPG and Killip class. However, no significant correlation was found between FPG levels and LV ejection fraction. Both FPG levels and Killip classes were all independent significant predictors for mortality. Compared with the euglycemia group, both the hypo- and hyperglycemias were associated with higher in-hospital and 3-year mortality.