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DM2, HgA1c or HOMA index: whether they are a better predictors of coronary artery disease and its extensiveness compared to standard risk factors

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Aim: Evaluation of patients with diabetes mellitus type 2 (DM2), HgA1c, HOMA-IR and standard risk factors for CAD (smoking, heredity, hyperlipoproteinemia, arterial hypertension (HTA), who were sent to a tertiary center for invasive cardiology diagnostics, in assessing the existence of coronary artery disease (CAD) and its extensiveness.

Methodology: Patients at high suspicion of CAD were evaluated based on laboratory and clinical parameters. After invasive cardiology, diagnostics are divided into a group that do not have/ have CAD and is graded in relation to the number of diseased vessels, the one-, two-, three-, four-and-more-vessel disease.

Results: The study included 837 patients (60±8year), 76.9% were male. Evaluation of the individual risk factors have shown that HOMA-IR ($p=0.761$; $p=0.415$), HgA1c ($p=0.208$; $p=0.345$), hereditary ($p=0.171$ vs. $p=0.346$), hyperlipidemia ($p=0.140$; $p=0.346$), hypertension ($p=0.422$; $p=0.101$) had no significant correlation, while DM2 ($p=0.0001$; $p=0.0001$), smoking ($p=0.002$; $p=0.0001$) had a significant positive correlation with the existence of CAD and its extensiveness. Multivariate analysis of individual risk factors, including clinical and laboratory parameters, showed that only DM2 and smoking are significantly important in predicting CAD.

Conclusions: In our study, after appropriate therapeutic approach, which significantly reduced the number of risk factors, DM2 and smoking were point out, as the only important parameters in assessing the CAD and its extensiveness.

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