

Angioplasty and bypass surgery can lead to similar longterm benefits, finds study led by Saint Luke's Mid America Heart Institute researchers published in Journal of the American Medical Association

KANSAS CITY, Mo., Oct. 15, 2013 /PRNewswire-USNewswire/ -- For patients with diabetes and coronary artery disease in more than one artery, treatment with coronary artery bypass graft (CABG) surgery provided slightly better health status and quality of life between six months and two years than procedures using drug-eluting stents. Beyond two years, however, the difference disappeared, according to a study led by researchers at

[Saint Luke's Mid America Heart Institute](#)

that published in the

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(JAMA).

For study details, visit www.jama.com

Although previous studies have demonstrated that CABG surgery is generally preferred over percutaneous coronary intervention (PCI; procedures such as balloon angioplasty or stent placement used to open narrowed coronary arteries) for patients with diabetes mellitus and coronary artery disease in more than one artery, these studies were based largely on older data from a time when angioplasty and stents were different. Recently, the FREEDOM trial demonstrated that for this group of patients, CABG surgery resulted in lower rates of death and heart attack but a higher risk of stroke when compared with PCI using drug-eluting stents.

Mouin S. Abdallah, M.D., M.Sc., and colleagues from the Health Economics and Technology and Assessment group at Saint Luke's Mid America Heart Institute conducted a sub-study of the NIH-funded FREEDOM trial to assess quality of life among patients who received CABG or PCI as an initial treatment strategy. They found that at two-year follow up, measures of angina frequency, physical limitations, and quality of life indicated greater benefit of CABG compared with PCI, but the differences were relatively small. Beyond two years, the two treatment strategies provided generally similar patient-reported outcomes.

Diabetes patients now have better options when it comes to heart surgery choices

Written by Australian Business

"These findings suggest that CABG could be preferred as the initial revascularization (restoration of blood flow) strategy for patients with diabetes and coronary artery disease in more than one artery," said David J. Cohen, M.D., M.Sc., director of Cardiovascular Research at Saint Luke's Mid America Heart Institute and Missouri Endowed Chair for Cardiovascular Research at University of Missouri-Kansas City School of Medicine. "Given the increased rate of stroke, as well as the well-recognized longer recovery period with CABG surgery, however, some patients who do not wish to face these acute risks may still choose the less invasive strategy. For such patients, our study provides important reassurance that there are not major differences in long-term health status and quality of life between the two approaches."

About Saint Luke's Mid America Heart Institute *Recognized as one of the leading outcomes research centers in the country,* Saint Luke's Mid America Heart Institute *has led more than 110 clinical research trials in all aspects of cardiovascular disease. The Institute's clinicians and researchers have pioneered methods for quantifying patients' experience and outcomes of their disease and using these data as endpoints in clinical trials, as markers of health care quality, and as tools in improving patient care.*

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