Diabetes requiring insulin tied to increased stroke risk in A-fib

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(HealthDay)—For patients with atrial fibrillation (AF), diabetes requiring insulin, but not diabetes without insulin treatment, is associated with an increased risk of stroke/systemic embolism, according to a study published in the Jan. 31 issue of the *Journal of the American College of Cardiology*.

Giuseppe Patti, M.D., from the Campus Bio-Medico University of Rome, and colleagues examined the differential role of insulin versus no insulin therapy on thromboembolic risk in a cohort of patients with AF. The authors compared the rates of stroke/systemic embolism at one year according to diabetes status. Data were included for 5,717 patients; 1,288 of these had diabetes, of whom 22.4 percent were on insulin.

The researchers found that the risk of stroke/systemic embolism at one year was increased for patients with diabetes who were on insulin, compared to those without diabetes (5.2 versus 1.9 percent; hazard ratio, 2.89; 95 percent confidence interval, 1.67 to 5.02; P = 0.0002) or those with diabetes without insulin treatment (5.2 versus 1.8 percent; hazard ratio, 2.96; 95 percent confidence interval, 1.49 to 5.87; P = 0.0019). Similar rates of stroke/embolism were seen for patients with diabetes not receiving insulin and for patients without diabetes (hazard ratio, 0.97; 95 percent confidence interval, 0.58 to 1.61; P = 0.90).

"In this cohort of anticoagulated patients with AF, the sole presence of diabetes not requiring insulin did not imply an increased thromboembolic risk," the authors write. "Conversely, insulin-requiring diabetes contributed most, if not exclusively, to the overall increase of thromboembolic risk in AF."

Several authors disclosed financial ties to the pharmaceutical industry.

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Editorial