

Incretin tied to better outcomes in NOCS-diabetes

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[syndrome](#), and heart failure were higher in patients with diabetes than those without diabetes. Among the diabetes patients, current incretin users had a significantly lower rate of all-cause death, [cardiac death](#), and readmission for ACS through the 12-month period.

"In type 2 [diabetic patients](#) with NOCS-NSTEMI, we observed higher incidence of one-year mortality, and adverse cardiovascular outcomes, as compared to non-diabetic NOCS-NSTEMI patients. In diabetic patients, never-incretin-users have worse prognosis as compared to current-incretin-users," conclude the authors.

More information: [Abstract](#)
[Full Text \(subscription or payment may be required\)](#)

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(HealthDay)—Incretin treatment appears to improve non-ST-elevation myocardial infarction (NSTEMI) outcomes in patients with type 2 diabetes and non-obstructive coronary artery stenosis (NOCS), according to a study published online Sept. 26 in *Diabetes, Obesity and Metabolism*.

Raffaele Marfella, M.D., Ph.D., from Università degli Studi della Campania in Italy, and colleagues compared the 12-month prognosis of individuals with NOCS-diabetes (20 to 49 percent luminal stenosis) with first NSTEMI with that of individuals without diabetes. They also investigated the prognosis of NSTEMI-NOCS diabetes patients previously treated with incretin-based therapy with a matched cohort of NSTEMI-NOCS patients never treated with incretin. Patients with diabetes were characterized as current incretin users (six months, GLP-1 agonists or DPP-4 inhibitors) and never incretin users.

The researchers found that all-cause death, cardiac death, readmission for [acute coronary](#)

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