The Impact of Hypertriglyceridemia on Clinical Outcome of Patients Subjected to Percutaneous Coronary Intervention in the Presence of High and Low High-density Lipoprotein Cholesterol

<u>Rebecca Torguson</u>, Kimberly Kaneshige, Zhenyi Xue, Petros Okubagzi, Augusto Pichard, William Suddath, Kenneth Kent, Lowell Satler, Ron Waksman, H. Bryan Brewer

Washington Hospital Center, Washington, DC



# Objective

The objective of this analysis was to investigate the effect of triglyceride levels in the presence of high and low levels of HDL cholesterol on clinical outcomes of patients undergoing contemporary percutaneous coronary intervention.



# **Trial Design**





# **In-Hospital Complications**

	Normal Triglycerides		High Triglycerides		
%	Low HDL n=1749	High HDL n=1910	Low HDL n=562	High HDL n=170	p Value
Angiographic Success	98.1	98.0	97.5	97.1	0.539
Length of Stay	<b>2.9 ± 4.1</b>	$2.2 \pm 2.7$	$2.3\pm2.6$	<b>2.0</b> ± <b>1.7</b>	<0.001
Dissection	1.3	0.5	0.2	0.9	0.160
Abrupt Closure	1.0	0.8	0.6	1.1	0.873
No Reflow	0.4	0.8	0.4	0.2	0.547
Death	0.0	0.0	0.2	0.2	1.00
Q-wave MI	0.7	0.6	1.0	0.8	0.935
Repeat TLR	1.6	2.0	1.4	1.5	0.924
Major bleeding	2.7	1.6	1.4	2.7	0.393
Stent thrombosis	0.4	0.4	0.3	0.5	1.00



# 12 Month MACE







# Adjusted Hazard Ratios the Normal Triglyceride Group





# Unadjusted Hazard Ratios High Triglyceride Group



![](_page_8_Picture_0.jpeg)

# Independent Predictors of Death within 12 months

#### **Normal Triglycerides**

	Hazard Ratio	95% CI	P value
Age	1.0	1.0-1.1	<0.001
Diabetes Mellitus	1.8	1.3-2.4	<0.001
History of Chronic Renal Insufficiency	2.7	1.9-3.6	<0.001
History of CHF	2.9	2.1-3.9	<0.001
High HDL	0.7	0.5-1.0	0.041

![](_page_9_Picture_0.jpeg)

![](_page_9_Figure_1.jpeg)

![](_page_10_Picture_0.jpeg)

### 12 Month MACE

![](_page_10_Figure_2.jpeg)

![](_page_11_Picture_0.jpeg)

# Summary

After adjustment for baseline inconsistencies elevated HDL cholesterol remained protective against death at 1 year in patients with normal triglyceride levels.

However, elevated HDL cholesterol did not demonstrate any added benefit to patient with elevated triglycerides. Overall the death and MACE rates were relatively low in this population.

Within the elevated triglyceride group the patients within the highest tertile of non-HDL cholesterol did not experience worse outcomes at 1 year as compared to patients in the lower two tertiles.

![](_page_12_Picture_0.jpeg)

# Conclusions

The present study demonstrated that high HDL levels are protective against mortality within 1 year following contemporary, elective PCI in patients with normal triglycerides; however, does not demonstrate any additional benefit when patients have elevated triglycerides.

Therapies targeted at raising HDL levels may give additional therapeutic benefit in patients with normal triglyceride levels presenting for PCI in the drug eluting stent era.