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## One-Year Outcome of Intensive Insulin Therapy Combined to Glucose-Insulin-Potassium in Acute Coronary Syndrome: A Randomized Controlled Study.

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### Abstract

**BACKGROUND:** A number of factors may offset the cardioprotective effects of glucose-insulin-potassium (GIK) on outcome of patients with acute coronary syndrome, such as hyperglycemia induced by this cocktail infusion. We performed a study to evaluate the effect of intensive insulin therapy in association with GIK on 1-year outcome in patients hospitalized for acute coronary syndrome.

**METHODS AND RESULTS:** In a randomized prospective controlled trial we included 772 patients with non-ST-segment elevation acute coronary syndrome. Patients were randomized into 3 groups: GIK<sub>2</sub> group, who received GIK with intensive insulin therapy for 24 hours; GIK group, who received GIK with nonintensive insulin therapy; and control group, who received usual care. The primary outcome criteria were the rates of major cardiovascular events combining death, reinfarction, and stroke rate at 1 year. In addition, we measured platelet function assay-100 and plasminogen activator inhibitor-1 at admission and 24 hours later. Based on an intention-to-treat analysis, major cardiovascular events at 1 year was 12.8% in the GIK<sub>2</sub> group, 15.5% in the GIK group, and 20.5% in the placebo group; the difference was significant between the GIK<sub>2</sub> and control groups ( $P=0.01$ ). Platelet function assay-100 at 24 hours decreased significantly from baseline in the control group but not in the GIK<sub>2</sub> group. Plasminogen activator inhibitor-1 decreased significantly in the GIK<sub>2</sub> group but significantly increased in the control group. Minor hypoglycemic events were more frequent in the GIK<sub>2</sub> group compared with other groups.

**CONCLUSIONS:** GIK<sub>2</sub> led to improvement of 1-year outcome rates in patients with non-ST-segment elevation acute coronary syndrome. This beneficial effect was associated with a decrease in platelet reactivity and an increase on fibrinolysis tests.

**CLINICAL TRIAL REGISTRATION:** URL: <https://www.clinicaltrials.gov>. Unique identifier: [NCT00965406](https://www.clinicaltrials.gov/ct2/show/study/NCT00965406).

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**KEYWORDS:** acute coronary syndrome; glucose-insulin-potassium; intensive insulin therapy; pharmacology; prognosis

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