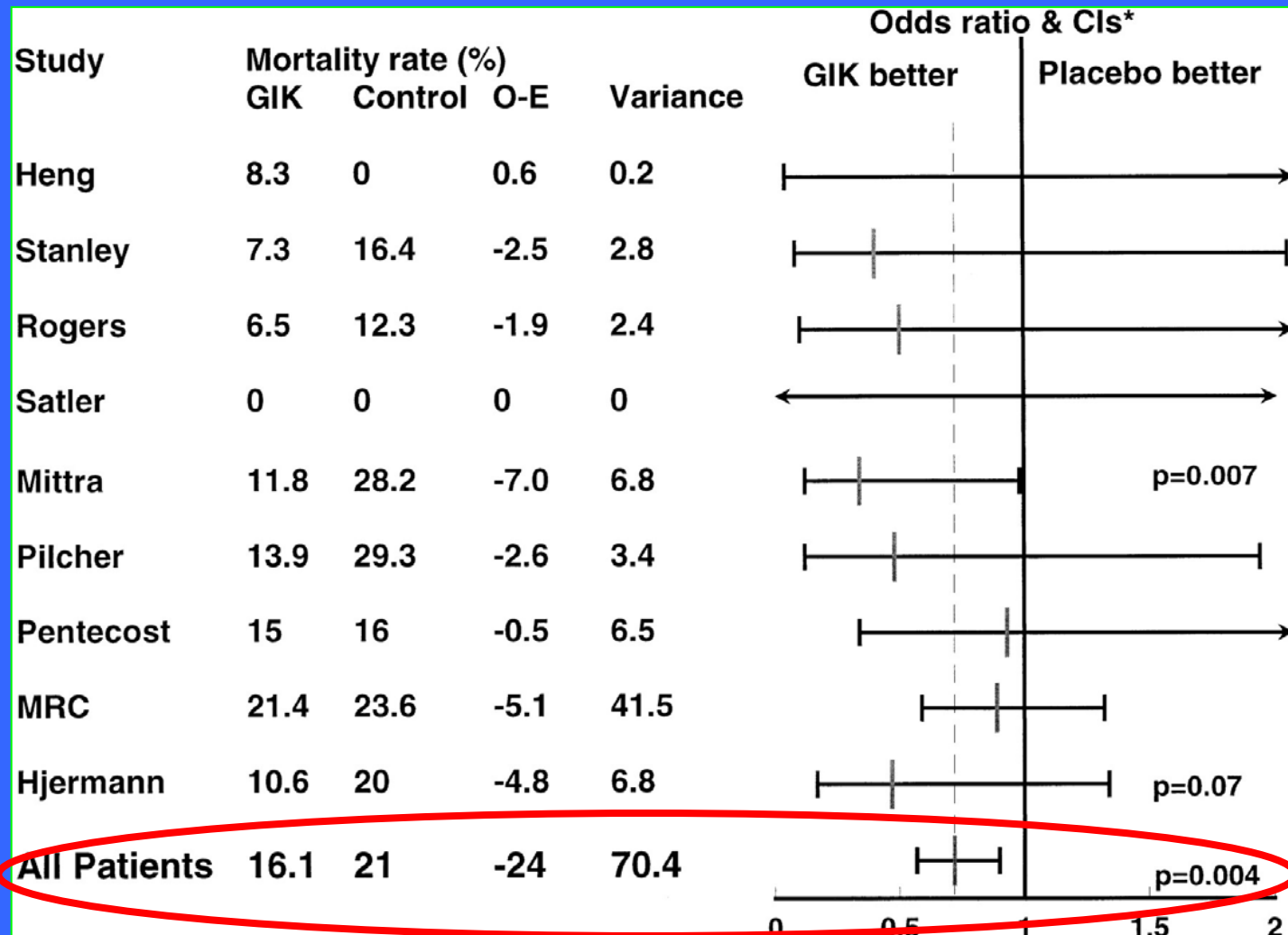


GIK in AMI after CREATE-ECLA & OASIS 6

GIK Meta-analysis

Sodi-Pallares 1962: the “polarizing solution” and ECG repolarization improvement during AMI

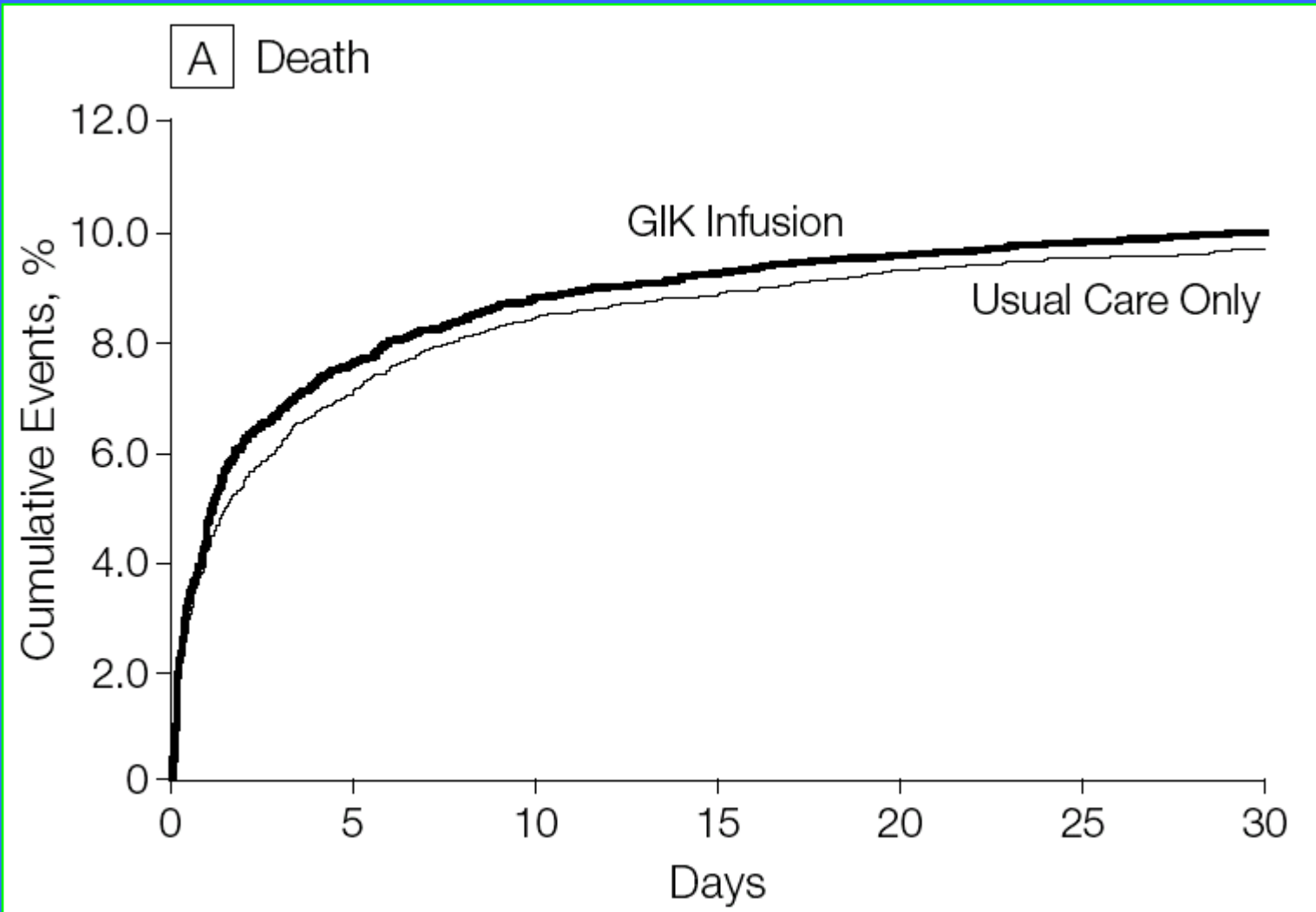


2003 ESC Guidelines for STE-AMI

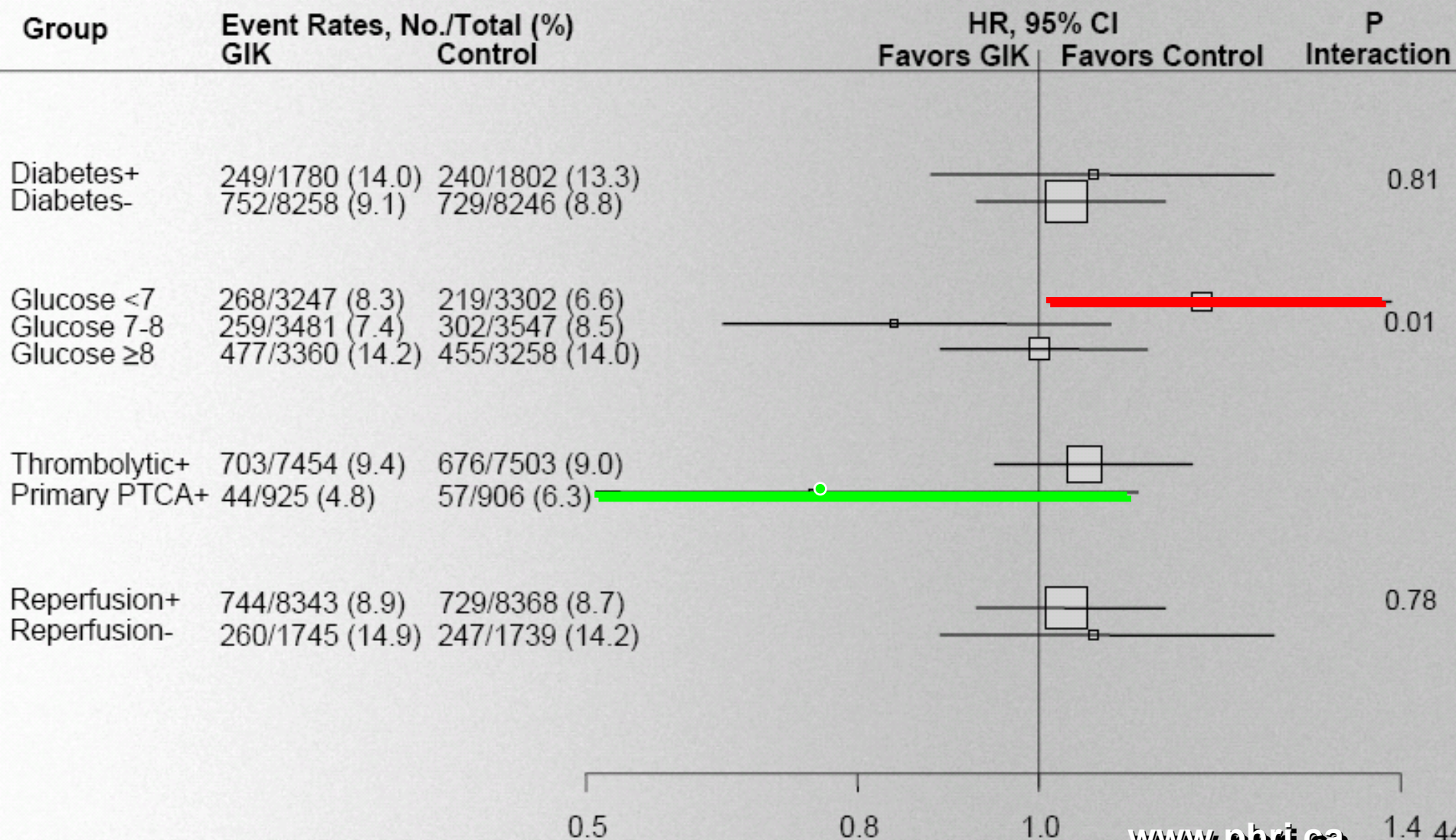
Glucose-insulin-potassium

There is experimental and limited clinical evidence that routine administration of glucose-insulin-potassium may favourably influence metabolism in the ischaemic myocardium and therefore confer a clinical benefit. Meta-analysis of the available data in 1928 patients suggests a 28% reduction in hospital mortality (95% CI, 10–43%). The number of lives saved per 1000 patients treated was 49 (95% CI, 14–83).¹⁴⁰ Whether this inexpensive treatment should be routinely recommended depends on the results of an ongoing large mortality trial.

CREATE-ECLA

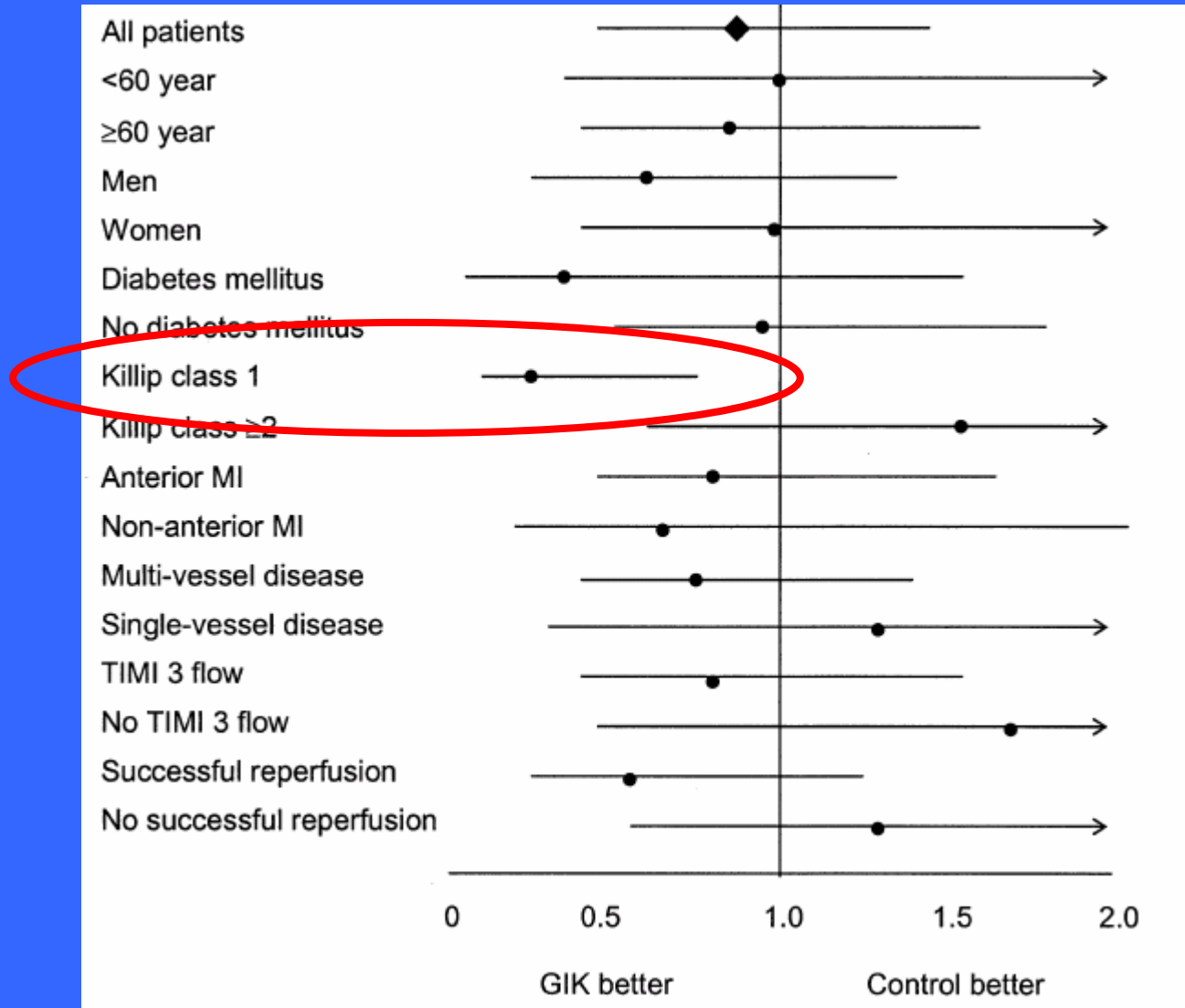


Pre-Specified Subgroups: Death at 30 days



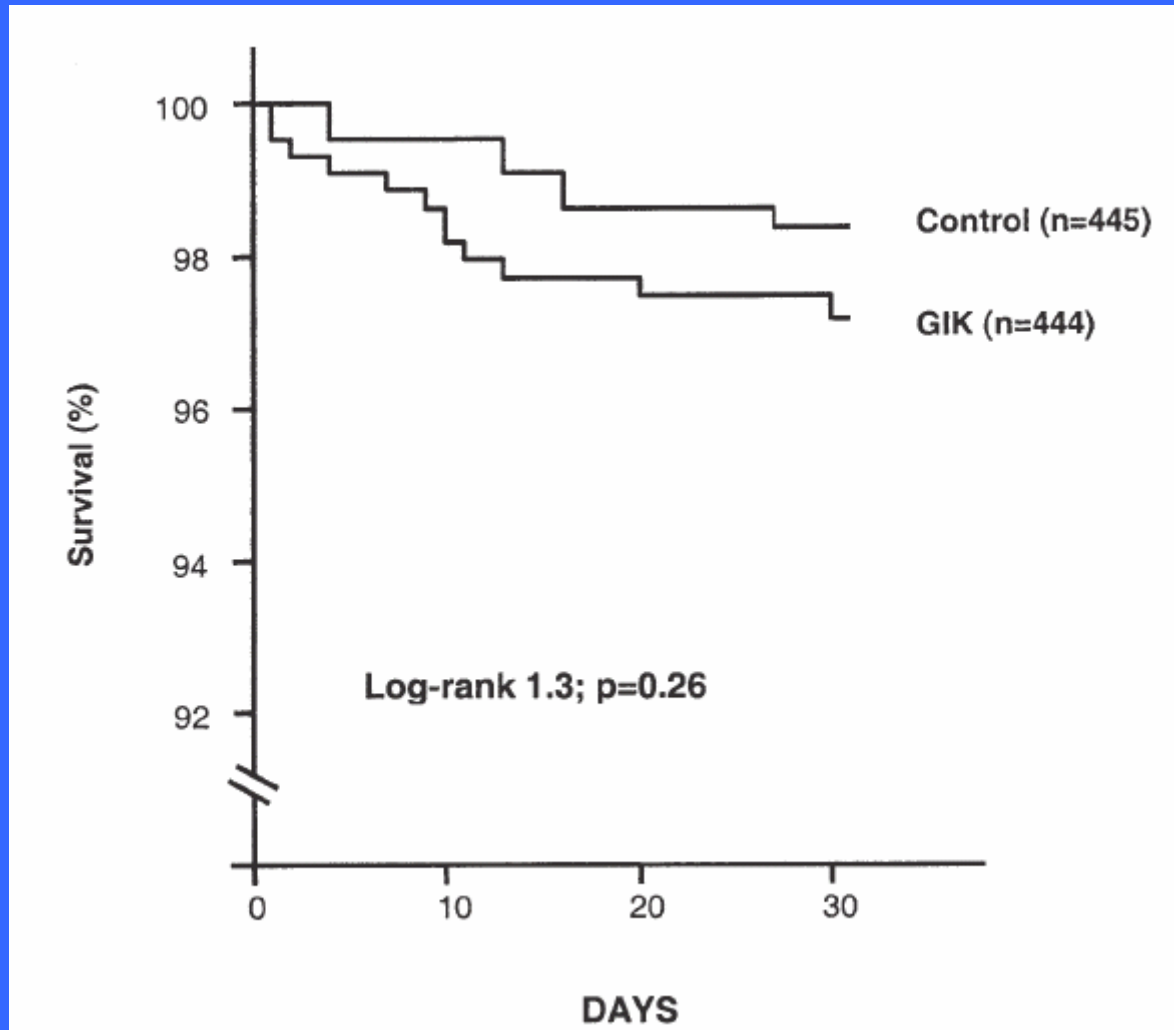
GIPS 1 : GIK vs Control

- 940 pts AMI and PCI



GIPS 2 : GIK vs Control

- 889 pts STEMI without CHF and reperfusion therapy



AHA 2005

Glucose-Insulin-Potassium

Although glucose-insulin-potassium (GIK) therapy was formerly thought to reduce the chance of mortality during AMI by several mechanisms, recent clinical trials found that GIK did not show any benefit in STEMI.^{254,255} At this time there is little evidence to suggest that this intervention is helpful.

254 CREATE-ECLA, 255 GIPS 2

Part 8: Stabilization of the Patient With Acute Coronary Syndromes
Circulation 2005;112:89-110; originally published online Nov 28, 2005;

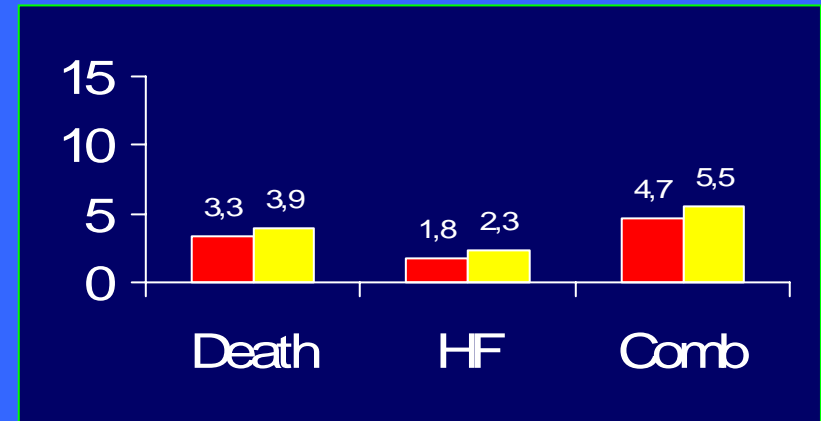
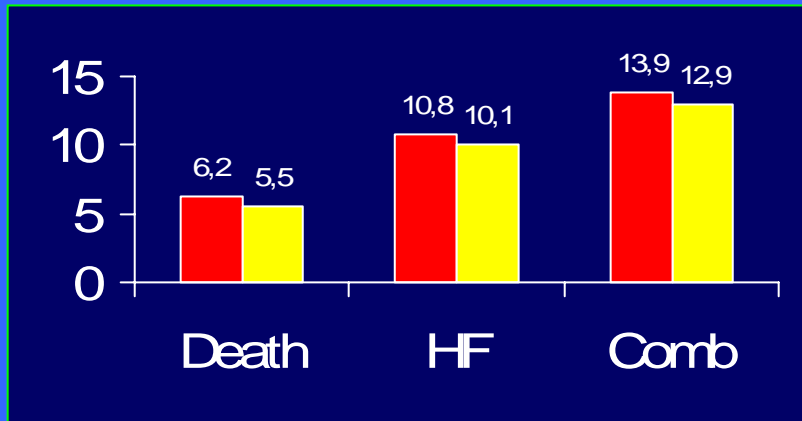
CREATE-ECLA & OASIS 6

22943 SCA : GIK vs CONTROL

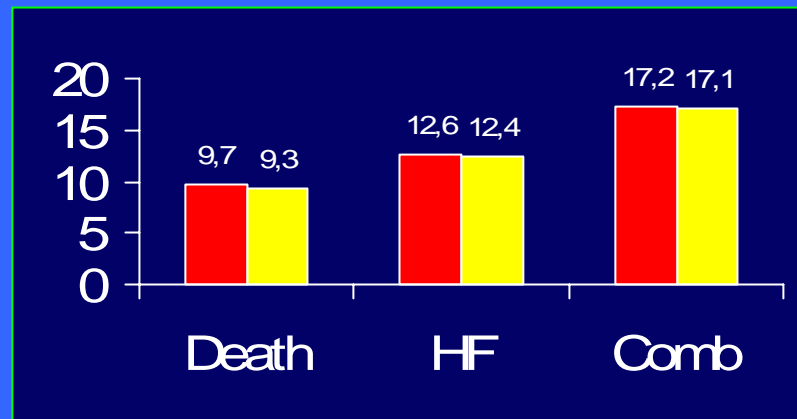
EARLY HAZARD <3D

+

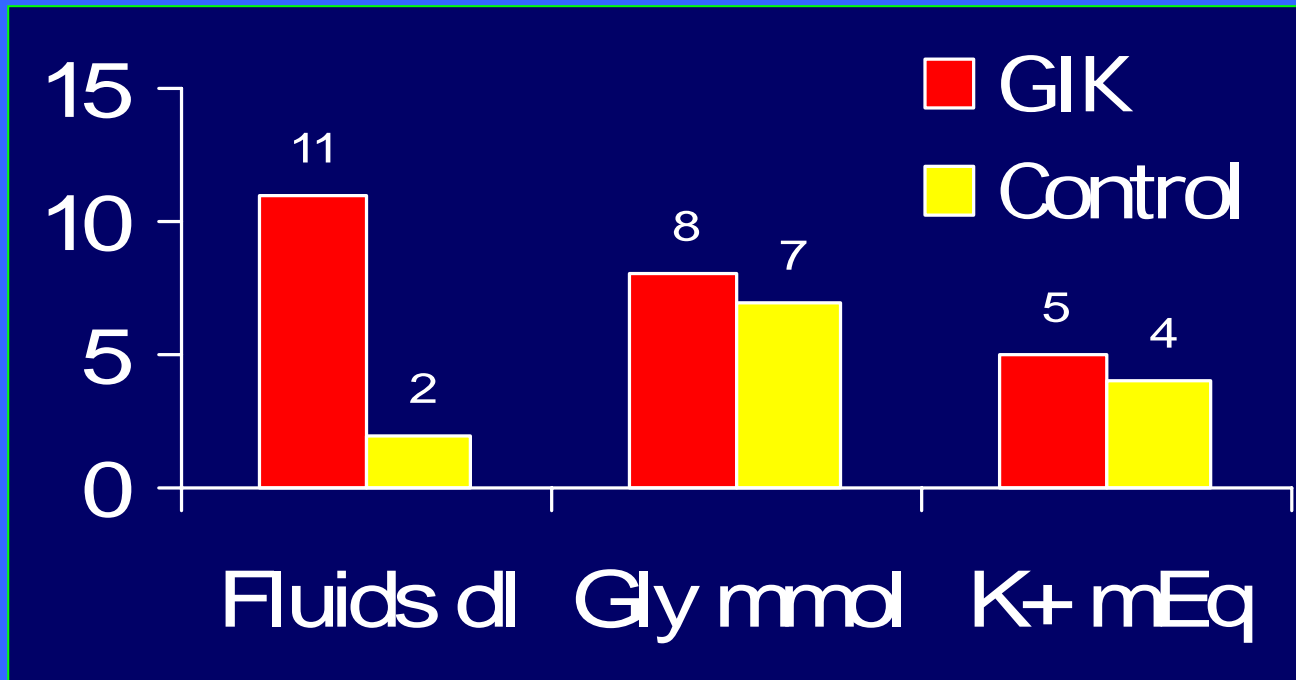
LATE BENEFIT 3-30D



= NS at 30d



OASIS 6 – GIK limits



GIK in ACS

- Combination of Glucose-Insulin-Potassium is definitively not recommended.
- GIK could even be deleterious during the acute phase: This result is a reminder that fluids, glucose and potassium should be carefully monitored.
- Glycemia at admission is a strong predictive factor of short and long term mortality. GIK increased glycemia. The present study does not provide evidence against the use of insulin in patient with high blood glucose at admission.