

Albuminuria predicts cardiovascular outcome after PCI

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normoalbuminuria ($P = 0.002$). The hazard ratios for cardiac death and/or nonfatal myocardial infarction were 2.56 and 4.02 for those with microalbuminuria and macroalbuminuria, respectively, compared with normoalbuminuria ($P = 0.01$ and 0.003 , respectively), after adjustment for conventional risk factors.

"In conclusion, an elevated urinary albumin excretion rate independently predicted adverse cardiovascular outcomes, with a gradual risk increase that progressed from microalbuminuria to macroalbuminuria in patients undergoing elective [percutaneous coronary intervention](#)," the authors write.

More information: [Abstract](#)
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(HealthDay)—An elevated urinary albumin excretion rate can predict adverse cardiovascular outcomes in patients undergoing elective percutaneous coronary intervention, according to a study published in the March 1 issue of *The American Journal of Cardiology*.

Ayako Kunimura, M.D., from the Nagoya University Graduate School of Medicine in Japan, and colleagues examined whether the [urinary albumin excretion](#) rate could predict cardiovascular events in a population of 698 patients requiring [coronary revascularization](#). Patients who underwent elective percutaneous coronary intervention were classified according to baseline urinary albumin-to-creatinine ratio (ACR) as having normoalbuminuria (ACR < 300 mg/gCr; 79 patients).

The researchers found that 41 [cardiovascular events](#) occurred during a median follow-up of 1,564 days. The event-free survival rates were 89, 92, and 97 percent, respectively, for those with macroalbuminuria, microalbuminuria, and

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