



## Interventional Cardiology

### ACUTE EFFECTS OF CARDIAC SURGERY ON 25 (OH) VITAMIN D (VITD) LEVELS AND RESPONSE TO VITD SUPPLEMENTATION: PRIMARY RESULTS OF THE ASSESS-D STUDY

Poster Contributions

Poster Hall, Hall A/B

Monday, March 12, 2018, 9:45 a.m.-10:30 a.m.

Session Title: Pharmacologic and Non-Pharmacologic Updates in Cardiovascular Disease

Abstract Category: 15. Interventional Cardiology: ACS/AMI/Hemodynamics and Pharmacology

Presentation Number: 1287-253

Authors: *J. Brent Muhlestein, John R. Doty, Donald Lappe, Kirk Knowlton, Heidi May, Tyler Barker, John Carlquist, Kristin Konery, Shannon Inglet, Ben Chisum, Viet T. Le, Oxana Galenko, Jeffrey Anderson, Intermountain Medical Center, Salt Lake City, UT, USA, University of Utah, Salt Lake City, UT, USA*

**Background:** Acute myocardial infarction (AMI) pts have significantly lower blood levels of vitamin D (VitD) than controls. Whether low VitD levels contribute to causing or exacerbating AMI or are simply a result of the acute AMI response, and how effective preemptive VitD supplementation (VitD-S) is on reversing low VitD levels are unknown. To evaluate these questions we studied a similarly stressful event, open-heart surgery, on VitD and its reversal with supplementation.

**Methods:** Elective open-heart surgery pts (n=150) were randomized 1:1 to receive 3 daily 50,000 unit doses of VitD3 (1<sup>st</sup> dose pre-procedure) or placebo (PBO). Pts were followed throughout hospitalization and at 6 months for VitD levels and major adverse CV events (MACE).

**Results:** Baseline characteristics (age = 62±13 yrs; males = 79%; surgical indication: CAD = 42%) were similar in the 2 groups. Baseline VitD (24.9±14.9 ng/mL) was low and did not differ between groups (p=0.37). VitD dropped from baseline to 24 hours post-surgery in the PBO (p=0.005), but rose in the VitD-S group (p<0.0001) (Figure). By 6 months, VitD levels converged in the PBO and VitD-S group to 30.0±15.8 ng/mL, the lower range of normal. Adjudicated MACE events will be available for presentation at the conference.

**Conclusion:** Cardiac surgery pts present with low VitD, and the stress of surgery is associated with further (13.4%) immediate reductions in VitD that persist through discharge, resolving by 6 months. Supplementation eliminates hypovitaminosis-D.

Figure 1. Mean 25(OH) Vitamin D levels (ng/mL) obtained pre-procedure, at various in-hospital time periods, and at six months, for patients receiving vitamin D3 supplementation versus placebo. All time-wise comparisons between treatment arms post-surgery were statistically significant (p<0.05), except at six months.

