71. ANGINA PECTORIS: CLINICAL FEATURES IN ELDERLY PATIENTS WITH TYPE 2 DIABETES MELLITUS

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Introduction. Stable effort angina, a classical manifestation of ischemic heart disease, affects a significant number of elderly individuals each year and increases the risk of cardiovascular complications. Another common comorbidity in elderly patients is type 2 diabetes mellitus, which has important metabolic consequences on the cardiovascular system, particularly on the blood vessels. Chronic hyperglycemia, insulin resistance, and chronic inflammation accelerate atherosclerosis, vascular stiffness, and diabetic neuropathy, leading to silent myocardial ischemia and atypical or absent clinical presentation of angina pectoris.

Aim of study. To evaluate the clinical features of angina pectoris in elderly patients with type 2 diabetes mellitus.

Methods and materials. A retrospective study was conducted on a group of 50 elderly patients (65–83 years old) diagnosed with stable angina pectoris and type 2 diabetes mellitus, hospitalized at IMSP SCM "Sfântul Arhanghel Mihail" Hospital between December 2024 and February 2025. Data were collected from clinical observation records and processed using Microsoft Excel. The results were expressed as percentages and absolute numbers.

Results. Of the 50 patients included in the study, 32 (64%) were women and 18 (36%) were men, demonstrating a predominance of the female sex, with a female-to-male ratio of approximately 1.8-1. Regarding clinical manifestations, 14 (28%) patients presented a typical clinical picture characterized by retrosternal pain, while 36 (72%) patients presented atypical manifestations of angina pectoris. In the atypical presentation subgroup (n=36), the following symptoms were recorded: dyspnea without chest pain – 19 (52.8%) patients; retrosternal discomfort associated with dizziness – 7 (19.4%) patients; fatigue – 7 (19.4%) patients; and nausea associated with retrosternal discomfort – 4 (11.1%) patients. From the perspective of comorbidities, arterial hypertension was present in all patients included in the study (100%). Among them, 38 (76%) patients had grade II–III hypertension, while 12 (24%) patients had grade I–II hypertension. Coronary angiography results revealed severe coronary atherosclerotic involvement in 18 (36%) patients, of whom 17 patients had previously undergone coronary stenting. Additionally, moderate coronary vessel involvement was identified in 16 (32%) patients.

Conclusions. Angina pectoris in elderly patients with type 2 diabetes mellitus is more frequently diagnosed in women. In most elderly patients with type 2 diabetes mellitus, angina pectoris presents with a variety of atypical manifestations, which should be recognized in order to prevent diagnostic errors and to ensure early initiation of treatment.

Keywords. Angina pectoris, elderly, type 2 diabetes mellitus, hyperglycemia.

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