Does “The Obesity Paradox” exist for survival after a Percutaneous Intervention?
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**BACKGROUND**
Conflicting literature exists regarding the “Obesity paradox” in patients with CAD. We sought to examine whether this phenomenon exists in a large cohort of patients after a percutaneous intervention (PCI).

**METHODS**
We identified 25,815 PCI patients from 1994 to 2009. Patient data was obtained from our PCI database, EMR and social security death index. Patients were classified according to their BMI into 6 groups:
- Class 0 - BMI <20
- Class 1 - BMI 20 to <25
- Class 2 - BMI 25 to <30
- Class 3 - BMI 30 to <35
- Class 4 - BMI 35 to <40
- Class 5 - BMI 40 to <45
- Class 6 - BMI >45

Kaplan-Meier survival curves were used in analysis and Bonferroni corrections were applied to the post-hoc pairwise comparisons. A Cox proportional hazard model was constructed to assess the correlations between mortality and race, age, gender, hypertension, diabetes, heart failure, hyperlipidemia and current smoking.

**RESULTS**
BMI of <25 or >40 had the poorest survival curves while BMI of 25 to 40 have the best of all BMI groups (p<.0001). The final reduced model identified significant correlations between mortality and age (OR 1.06, p<.0001), diabetes (OR 1.6, p <.0001), heart failure (OR 2.3, p<.0001,) and current smoking (OR 1.3 , p =.003).

**CONCLUSION**
Obesity paradox does exist with BMI of 25 to 40 conferring a survival advantage over extremes of BMI and normal BMI. Age, current smoking and history of diabetes and heart failure are associated with decreased survival.

**CONFLICT OF INTEREST**
We have no conflict of interest.