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Effect of metformin on all-cause and cardiovascular mortality in patients with coronary artery diseases: a systematic review and an updated meta-analysis

[Yechen Han](#), [Hongzhi Xie](#), [Yongtai Liu](#), [Peng Gao](#), [Xufei Yang](#) & [Zhujun Shen](#) ✉

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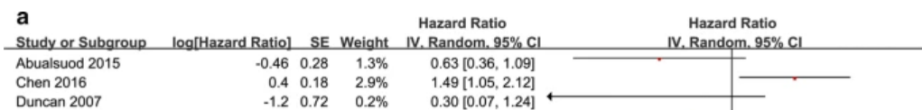
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[95% CI 0.70, 0.98] ($P = 0.03$), $I^2 = 82\%$ (Fig. 4c). Analysis suggested that the incidence of cardiovascular events in HF patients who took metformin was lower than those who didn't take metformin. The pooled aHR for MI subgroup, though, less than 1, was not statistically significant, suggested that metformin had not significant effect on MI patients.

T2DM/non-T2DM subgroup analysis according to patient's baseline

In the T2DM subgroup, 18 studies reported the pooled aHR was 0.83 [95% CI 0.77, 0.88] ($P < 0.00001$), $I^2 = 60\%$ (Fig. 5a), suggesting that the incidence of cardiovascular events in diabetic patients who took metformin was lower than those who didn't take metformin. In non-T2DM subgroup, four studies reported the pooled aHR was 0.92 [95% CI 0.28, 3.00] ($P = 0.89$), $I^2 = 69\%$ (Fig. 5b). The pooled aHR, though less than 1, was not statistically significant, suggested that metformin had no significant effect on non-diabetic patients.

Fig. 5



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