



New Joint Guidelines for CVD and Diabetes from 2 European Associations

European Society of Cardiology(ESC) and the European Association for the Study of Diabetes EASD) issue aggressive guidelines for coronary heart disease and diabetes.

Diabetes and cardiovascular diseases (CVD) often appear as the two sides of a coin: on one side, diabetes has been rated as an equivalent of coronary heart disease, and conversely, many patients with established coronary heart disease (65-70 %) suffer from diabetes or its pre-states.

The two leading European scientific organisations ESC and EASD accepted this challenge and developed for the first time joint, evidence based guidelines on the proper management of such patients. The content covers the whole spectrum, i.e. 1) definition, classification and screening of diabetes and pre-diabetes, 2) epidemiology of diabetes, impaired glucose homeostasis and cardiovascular risk, 3) identification of subjects at high risk for CVD or diabetes, 4) pathophysiology, 5) treatment to reduce cardiovascular risk, 6) management of CVD, 7) heart failure and diabetes, 8) arrhythmias – atrial fibrillation and sudden cardiac death, 9) peripheral and cerebrovascular disease, 10) intensive care, 11) health economics and diabetes.

Although altogether 14 individual experts from both fields and all over Europe were assigned to draft the manuscripts according to their specific area of expertise, the guidelines were then extracted and harmonized as a true team effort. They were thereafter extensively reviewed by 18 experts from ESC and EASD, whose identity was disclosed only after the approximately 1500 comments and suggestions had been dealt with by the writing group.

There are a total of 72 recommendations, an executive summary being published in parallel in the two leading journals, Diabetologia and Euro Heart Journal, and a full text including 711 references on the website: [www: escardio.org](http://www.escardio.org). Pocket guidelines will follow shortly.

Key messages are: 1) diabetes and CVD are much more common than imagined, 2) the negative impact of dysglycemia is apparent before the onset of diabetes, 3) the prognosis is principally amenable to major progress, yet still unfavorable, 4) an investigational algorithm needs to be employed to detect the alternate side of the disease either starting from diabetes or from coronary artery disease (see figure attached), 5) an oral glucose tolerance test is the best method to diagnose previously unknown diabetes or prediabetes, 6) to minimize resources, primary screening for the potential of diabetes can be effectively done by a non-invasive risk score to define high risk, 7) prevention both of diabetes and CVD is possible, 8) therapeutic success depends on collaboration across speciality borders, 9) treatment comprises multifactorial risk intervention and targeted management of CVD, 10) structured life-style counselling is a very important therapy for these patients and needs to be improved, 11) targets for treating blood pressure, blood glucose and lipids have been defined and are more strict than before and 12) the joint ESC/EASD approach

provides the state-of-the-art evidence base.

These interdisciplinary guidelines are now being given to the community of cardiologists, diabetologists and primary care physicians, aiming at optimising the quality of care for our common patients and at fostering innovative research in this field of tremendous importance.

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DID YOU KNOW:

Diabetes is a cardiovascular disease? Whilst it is defined on the basis of the likelihood of progression to microvascular disease, large epidemiological studies have shown that the risk of CVD is increased 4-fold in patients with type 2 diabetes, compared with that in non-diabetic individuals.[1] Overall, up to 80% of patients with type 2 diabetes die from cardiovascular complications and the average life expectancy is reduced by approximately ten years.[2]

1. American Diabetes Association. Consensus development conference on the diagnosis of coronary heart disease in people with diabetes. Diabetes Care 1998;21:1551-9. 2. Donnelly R. Managing cardiovascular risk in patients with diabetes. Br J Diabetes Vasc Dis 2005;5:325-9.

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