

Global Management Of Hyperlipidemia and Hypertension In Diabetics CGMH

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Atherosclerotic cardiovascular disease (ASCVD), defined as coronary heart disease, cerebrovascular disease, or peripheral artery disease, is the leading cause of morbidity and mortality in persons with diabetes and is the largest contributor to the direct and indirect costs of diabetes. Diabetic patients often combined with metabolic disorders like hypertension, and hyperlipidemia which is a risk factor leading to death .

The management of diabetic dyslipidemia, a well-recognized and modifiable risk factor, is the key element in the multifactorial approach to prevent CVD in individuals with type 2 diabetes crucially. Diabetes is considered a CHD equivalent. lipid targets for individuals with diabetes are the same as those for individuals with established CHD. The primary target is an LDL cholesterol < 100 mg/dl and an optional lower target of 70 mg/dl even lower for very-high-risk patients with high intensity statin plus PCSK9 treatment , such as those with diabetes and advanced heart disease.

Based on evidence derived largely from observational studies, hypertension and diabetes mellitus guidelines from the late 1990s to the early 2000s advised systolic BP targets of <130 for diabetic patients. However, this target was reconsidered after the publication of the ACCORD trial which compared an intensive BP target of <120 mm Hg with a standard of <140 mm Hg and found no benefit in composite of nonfatal myocardial infarction (MI), nonfatal stroke, and CVD death. More recent guidelines reconsidered BP targets, with the latest JNC and ADA & DAROC (2018) guidelines all recommending a BP target of <140/90 mm Hg for most diabetic patients.

From the Steno 2 study intensive intervention with multiple drug combinations and behavior modification had proved sustained beneficial effects with respect to vascular complications and on rates of death from any cause and from cardiovascular causes.