

Groups Unite to Curb Cardiac Risks in Diabetes

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Diabetologists and cardiologists are joining forces to address the issue of cardiovascular disease in patients with diabetes.

In North America, new joint guidelines from the American Heart Association (AHA) and the American Diabetes Association (ADA) focus on the primary prevention of cardiovascular disease in patients with diabetes (*Circulation* 2007;115:114-26; *Diabetes Care* 2007;30:162-72).

"People with ... diabetes are at increased risk for [cardiovascular disease] and have worse outcomes after surviving a CVD event," wrote coauthor Dr. John Buse, director of the diabetes care center at the



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DR. BUSE

University of North Carolina, Chapel Hill, and his colleagues. And in Europe, the European Association for the Study of Diabetes (EASD) and the European Society of Cardiology (ESC) have issued guidelines on diabetes, prediabetes, and cardiovascular diseases (*Eur. Heart J.* 2007;28:88-136).

The North American and European documents focus on different aspects of the diabetes-cardiovascular disease dyad, making them potentially complementary documents. In both documents, special attention is placed on the early stages of disease, but the European document focuses on the role of prediabetes in early cardiovascular dysfunction, while the North American document emphasizes primary prevention of cardiovascular disease in patients with overt diabetes.

The joint ADA/AHA guidelines "encourage more aggressive prevention and treatment of risk factors that lead to heart disease" in people with diabetes, according to a statement from the two organizations.

"Patients with diabetes have twice the risk of incident myocardial infarction and stroke as that of the general population," they say. "Furthermore, large numbers of people with diabetes do not survive their first event, and if they do survive, their [mortality] over the subsequent months to years is generally greater than that of the general population. As many as 80% of patients with type 2 diabetes will develop and possibly die of macrovascular disease."

While continuing to encourage lifestyle changes—such as weight loss, improved nutrition, and physical activity—the joint statement also emphasizes the importance of medical interventions to manage lipids, blood pressure, and blood glucose in this population.

The importance of the ADA/AHA document is not so much its content, but rather "that these two organizations are agreeing to a joint statement on primary prevention of cardiovascular disease in di-

abetes," commented Dr. Daniel Einhorn, medical director of the Scripps Whittier Institute for Diabetes, an endocrinologist at the University of California, San Diego, and a spokesperson for the American Association of Clinical Endocrinologists.

Cooperation between the ADA and AHA is, for both organizations, a hurdle crossed after some much publicized disagreement last year, Dr. Buse acknowledged in an interview. "This paper was an effort to get together and hammer out

where the common ground is in the few areas where there were fairly nuanced differences in approach."

The main issue of contention between the ADA and AHA has been the debate over whether metabolic syndrome exists.

In the joint statement, they have agreed to disagree: "The AHA and the [National Heart, Lung, and Blood Institute] have issued a statement on management of the metabolic syndrome and maintain that with regard to risk for CVD, the metabol-

ic syndrome and type 2 diabetes can co-exist in one person. The ADA, in contrast, contends that once type 2 diabetes is present, the metabolic syndrome no longer pertains because CVD risk factors characteristic of the metabolic syndrome are largely subsumed in the type 2 diabetes syndrome," they wrote. ■

The full text of the guidelines can be viewed at <http://care.diabetesjournals.org/cgi/content/full/30/1/162>.

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References:

1. Centers for Disease Control and Prevention (CDC). Preventing tetanus, diphtheria, and pertussis among adults: use of tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine: recommendations of the Advisory Committee on Immunization Practices (ACIP) and recommendation of ACIP, supported by the Healthcare Infection Control Practices Advisory Committee (HICPAC), for use of Tdap among health-care personnel. *MMWR*. 2006;55(RR-17):21-22. 2. CDC. Preventing tetanus, diphtheria, and pertussis among adolescents: use of tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccines: recommendations of the ACIP. *MMWR*. 2006;55(RR-3):22.

* Advisory Committee on Immunization Practices. † Tetanus, diphtheria, and acellular pertussis. ‡ 19-64 years of age. § 11-18 years of age.

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