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Type 2 Diabetes & ASCVD: Cardiovascular Risk Reduction According to the Guidelines

### ReachMD Announcer:

Welcome to *Heart Matters* on ReachMD. On this episode, sponsored by Novo Nordisk, we're joined by Dr. Matthew Budoff, who's an investigator at The Lundquist Institute in Torrance, California, and Professor of Medicine at the David Geffen School of Medicine at UCLA in Los Angeles. Dr Budoff is here to explore guideline recommendations for patients with type 2 diabetes and ASCVD. Let's hear from him now.

### Dr Budoff:

Atherosclerotic cardiovascular disease, or ASCVD for short, is the number one cause of death and disability in patients with type 2 diabetes.<sup>1</sup> It has been shown to occur 14.6 years earlier in patients with diabetes as compared to those without.<sup>1</sup>

In addition, a recent retrospective cohort study in over 130,000 U.S. patients showed that ASCVD is about three times more prevalent than heart failure in adults with T2D over a 10 year period.<sup>2</sup>

In fact, the Emerging Risk Factors Collaboration study showed that life expectancy is reduced by almost 20 years in adults age 50 with type 2 diabetes who have a history of both myocardial infarction, or MI for short, and stroke.<sup>3</sup>

Fortunately, we have glucose-lowering agents to consider that are recommended for patients with type 2 diabetes and established ASCVD, or for those at high risk for ASCVD, which according to the ADA are those with proven CVD benefit, meaning they have a label indication.<sup>4-6</sup>

And if we look at the latest guidance from the ACC and AHA, they align that GLP-1 receptor agonists or SGLT-2 inhibitors with proven CVD benefit are recommended for patients with type 2 diabetes and established ASCVD, or for those at high risk for it.<sup>4,5</sup>

Of course, therapy choice should depend on patient-specific factors and comorbidities and can be made independent of baseline or goal A1C level.<sup>4</sup> And clinicians should reassess patients every three to six months and modify therapy as needed.<sup>6</sup>

In addition, the 2022 ADA Standards of Medical Care recommend to consider combination therapy with a GLP-1 receptor agonist and an SGLT-2 inhibitor with proven CVD benefit for appropriate patients with type 2 diabetes and established ASCVD, or for those with risk factors for it, as part of the glucose-lowering regimen and comprehensive cardiovascular risk reduction.<sup>6</sup>

With all this being said, it's clear that patients with type 2 diabetes and established ASCVD or those at high risk for ASCVD, have options with agents that have proven cardiovascular disease benefit.<sup>4-6</sup>

And when we consider the implications of the updates to the 2022 ADA standards of care, they're significant as they recommend a GLP-1 receptor agonist and/or an SGLT-2 inhibitor with proven CVD benefit.<sup>6</sup>

So these recommendations trigger the urgent need for collaboration among cardiologists, endocrinologists, and primary care physicians to help optimize care for patients with type 2 diabetes and established CVD, or those at high risk for CVD by prescribing these glucose-lowering agents with proven ASCVD benefit.<sup>4</sup>

### ReachMD Announcer:

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**References:**

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