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6 STEPS FOR OPTIMIZING CARDIOVASCULAR RISK REDUCTION AMONG PATIENTS WITH DIABETES

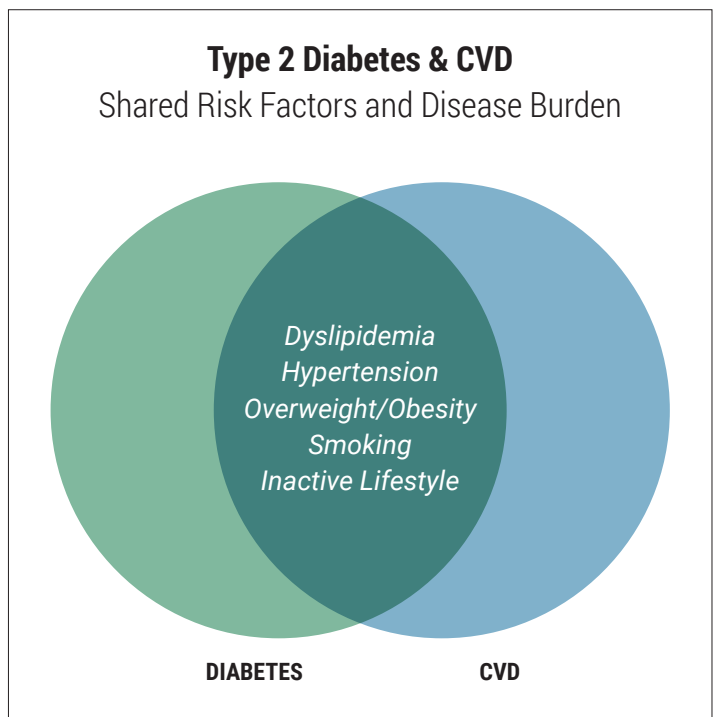
Cardiovascular (CV) risk reduction must be a priority in order to optimally manage diabetes in patients and improve outcomes. This is even more critical among people with diabetes and established CVD.

Note: The following steps aren't intended to be all-inclusive. Read more about this topic in the *2020 Expert Consensus Decision Pathway on Novel Therapies for Cardiovascular Risk Reduction in Patients With Type 2 Diabetes: A Report of the American College of Cardiology Solution Set Oversight Committee* at [ACC.org/CVDinDMDecisionPathway](https://www.acc.org/CVDinDMDecisionPathway).

1. Educate people who have diabetes about other factors – in addition to poorly controlled blood sugars – that can hasten declines in CV health.

For example:

- Smoking
- Being overweight
- Being inactive/lack of routine exercise or sitting for long periods
- High blood pressure
- Unhealthy cholesterol levels
- Family history of heart disease, especially at younger ages





2. Put patients' CV risk into perspective, and in a way that helps individual patients understand the threat and feel empowered to take action.

- Explain that heart checkups are as important as controlling blood sugar and doing routine eye, skin and foot care, and that there are lifestyle changes and medications that can help.
- Review each individual's CV risk with available tools and share the potential benefits and options for lowering CV risk.
- Ask patients about their personal preferences and goals for lowering CV risk.

3. Develop an individualized plan to assess and manage CV risk on an ongoing basis to optimize heart and vascular health. Revisit this plan over time.

4. Make sure diabetes is optimally controlled. About half of patients with type 2 diabetes fail to achieve adequate glycemic control.

In accordance with the clinician's and patient's goals, work to collaboratively devise a realistic plan for adopting lifestyle changes and adhering to other guideline-directed therapy, including glucose-lowering therapy (e.g., metformin).

Lifestyle changes are the foundation for controlling diabetes and have important CV health benefits too. Take an inventory of patients' health habits and work with them to set realistic and measurable goals.

For example:

- Most adults with diabetes should try to engage in 150 minutes or more of moderate-to-vigorous intensity aerobic activity each week (e.g., brisk walking/running, swimming, tennis, fitness classes, cycling).
- If a patient is overweight/obese, losing 5 percent of their body weight (7 percent is even better) can benefit glycemic control, lipids and blood pressure.
- Cut out sugary drinks.

5. Assess adherence and identify hurdles.

There are a host of reasons patients may not adhere to their treatment plans. Chief among those reported are:

- Perceived treatment efficacy – why is this medication needed and how will it help improve outcomes and quality of life?
- Costs of treatment
- Side effects
- Treatment complexity and convenience
- Incongruence with their preferences or priorities

Patients may not always want to share these concerns, but it's essential to ask and help find solutions.



6. Consider prescribing novel antihyperglycemic therapies, when appropriate for CV risk reduction.

Several SGLT2 inhibitors and GLP-1RAs have been shown to carry the dual benefit of controlling diabetes and lowering CV risk and death in some patients, thereby improving survival and quality of life.

These therapies, which were initially developed for blood glucose lowering, have also been shown in clinical trials to cut the risk of CV events or death from a heart attack or stroke in adults with type 2 diabetes and established heart disease.

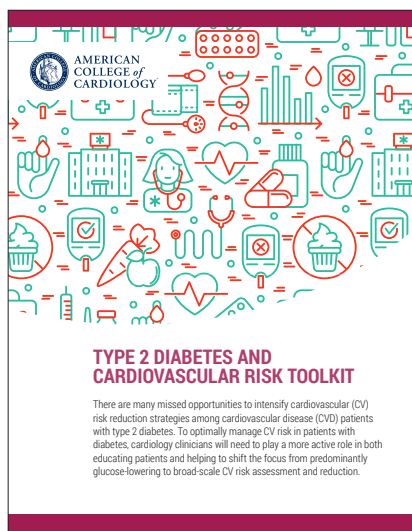
Data from multiple large clinical outcomes trials showed that, compared to placebo, these agents led to reduction in:

- Total CV events (heart attacks, strokes, and heart-related deaths)
- Overall heart-related deaths
- Overall death
- Heart failure or hospitalizations from heart failure

In trials, some of these medications also appear to have:

- A low risk of hypoglycemia when used on their own or when used in combination with metformin*
- Secondary benefits of weight loss and blood pressure lowering.
- Efficacy in patients with type 2 diabetes who were on a wide range of therapies, most frequently metformin.

**Other oral glucose lowering medications may potentially increase the risk of hypoglycemia*



For more tips about talking with your patients and integrating these medications, download the *Type 2 Diabetes and Cardiovascular Toolkit* at ACC.org/CVDRiskDiabetes.