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Coronary heart disease and diabetes

José Maria Gonçalves Fernandes[1,2]
[1]Federal University of Alagoas, Brazil
[2]Federal University of São Paulo, Brazil

Coronary heart disease (CHD) is a major cause of morbidity and mortality in diabetes mellitus (DM). The development of CHD in people with DM is a progressive process, characterized by early endothelial dysfunction and vascular inflammation, over many years, most of these patients have insulin resistance or frank diabetes. Patients with diabetes have lipid-rich atherosclerotic plaque that is more vulnerable to rupture than plaque found in patients without diabetes and have a two to fourfold increase in the risk of CHD. In women Diabetes increases the risk of death after myocardial infarction more than men. In the Finnish study patients without previous myocardial infarction had as high a risk of myocardial infarction as nondiabetic. It was from this study that the concept of diabetes as a coronary heart disease risk-equivalent began. But not all individuals with diabetes should be unconditionally assumed to be a risk equivalent of those with prior CHD. The utility of screening patients with type 2 diabetes for asymptomatic CHD is controversial. Latest reviews show no evidence for a benefit of screening diabetic patients for the presence of asymptomatic CAD. Intensive blood-glucose control substantially decreases the risk of microvascular complications, but not macrovascular disease, in patients with type 2 diabetes. In fact, the use of intensive therapy to target normal glycated hemoglobin levels can increase mortality and do not significantly reduce major cardiovascular events. Multiple clinical trials have demonstrated the beneficial effects of statin, AAS, and antihypertensive medications on atherosclerotic cardiovascular disease outcomes in DM subjects with CHD. Recently empagliflozin a SGLT-2 inhibitor, showed to reduce the risk of cardiovascular death in adults with type 2 diabetes and cardiovascular disease. No difference in death from any cause or myocardial infarction was observed between optimal medical therapy with or without PCI for stable coronary disease in patients with diabetes. On the other hand patients with diabetes and CHD, CABG was superior to PCI in reducing rates of death and myocardial infarction.

jmgfernandes2004@yahoo.com.br

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