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Reappraise the association of dyslipidemia and CVD risk in T2DM: How to optimize statin therapy from the international guideline perspective

Atherosclerotic cardiovascular disease (ASCVD) is the leading cause of mortality in patients with diabetes. Whilst there are many potential mechanisms including dyslipidemia, hypertension, inflammation and increased oxidative stress, low density lipoprotein- cholesterol (LDL-cholesterol) ranked as the strongest predictor for future cardiovascular events (CVE). Furthermore, numerous trials with statin drugs including HPS-(simvastatin) and CARDS, TNT, PROVE-IT (atorvastatin) have shown a reduction in CV events including ischemic stroke. A meta-analysis of 14 randomized trials showed that statin therapy in diabetics resulted in a 13% reduction in vascular mortality. Numerous guidelines have been issued with respect to statin therapy. The most recent recommendation of the ADA (2016) is high intensity statin (> 50% reduction in LDL-C) for diabetics between ages 40-75 years with ASCVD or ASCVD risk factors (LDL-C>100 mg/dl, hypertension, smoking, obesity, albuminuria FH of premature ASCVD). In this age range, if there is no ASCVD or risk factors moderate intensity statin is recommended (30-50% reduction in LDL-C). In patients > 75 years with ASCVD the only difference is moderate intensity/high intensity statin with ASCVD risk factors. Finally in patients < 40 years with no risk factors statin therapy is not recommended whilst moderate/high intensity statin is recommended for patients with ASCVD risk factors and high intensity statin for patients with ASCVD. The ESC/EASD guidelines recommend targets i.e., LDL-C < 70 mg/dl for diabetics with ASCVD or ASCVD risk factors (or > 50% reduction in LDL-C). In the remaining diabetics they recommend a LDL-C goal < 100 mg/dl. Neither makes a strong recommendation for combination therapy with fibrates and discourages combination with niacin. In conclusion, statin therapy is the cornerstone in our strategy to lower LDL-C to targets or by percentage to reduce ASCVD mortality.

Biography

Ishwarlal Jialal, graduated with the equivalent of an MD, PhD (MB CHB, MD) from the University of Natal Medical School, Natal, South Africa, and thereafter undertook fellowships at the Joslin Diabetes Center, Harvard Medical School, and in the Division of Endocrinology, Metabolism and Nutrition at the University of Washington in Seattle. He then joined the faculty of the University of Texas Southwestern Medical Center at Dallas in 1988 as Assistant Professor and became Professor of Internal Medicine and Pathology with tenure in 1997. He was Director of the Division of Clinical Biochemistry and Human Metabolism and was the first hold of the C Vincent Prothro Chair in Human Nutrition Research. He then joined UC Davis Medical Center as the first holder of Robert E Stowell Endowed Chair in Experimental Pathology, Director of the Laboratory for Atherosclerosis and Metabolic Research. On his retirement in 2016, he was Distinguished Professor of Internal Medicine, Division of Endocrinology, Diabetes and Metabolism, at the University of California, Davis, Medical Center and Staff Endocrinologist at the VA Medical Center, Sacramento. He is presently a Professor of Physiology, Metabolism and Pathology at California North state University, College of Medicine and Staff Endocrinologist at the VA Medical Center, Mather, CA. He has published over 506 original papers and invited reviews in the areas of diabetes, atherosclerosis, lipid metabolism, nutrition and vascular biology and has an H-Index of 73. He has received numerous awards for his research and has served on Editorial Boards of numerous journals.

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