ASCVD is the leading cause of morbidity and mortality among individuals with type 2 diabetes.

To reduce ASCVD, think about ABC’s

**A**
A1C reduction alone has not been shown to reduce ASCVD
Whenever possible, use glucose-lowering medications with proven ASCVD benefit including GLP-1RA like liraglutide, dulaglutide and semaglutide as well as SGLT-2i like empagliflozin, canagliflozin and dapagliflozin

**B**
Blood pressure treatment goal should be individualized but is generally <130/<80 for most people
Treatment
- Lifestyle interventions like a healthy diet, potassium supplement, reduction of sodium intake and smoking cessation, weight loss, increase physical activity, and moderation in alcohol intake
- Pharmacotherapy:
  - If having ASCVD or albuminuria: Start with ACEi or ARB
  - No ASCVD: Start ACEi or ARB or CCB or diuretic
  - If not meeting treatment goal on 3 drugs including a diuretic, consider adding MRA

**C**
Cholesterol and triglycerides
Lipid panel should be obtained at time of diabetes diagnosis, 4-12 weeks after initiation or change of dose and annually
LDL goals:
- For primary prevention: <70 mg/dL is recommended for adults aged 40–75. It is reasonable to treat those aged 20–39 with diabetes and other ASCVD risk factors
- For secondary prevention: <55 mg/dL
Treatment
- Lifestyle interventions like weight loss, increase physical activity, reduction of saturated fat intake and smoking cessation, and increase intake of omega-3 fatty acids
- Pharmacotherapy:
  - Statins are first-choice for primary and secondary prevention
  - Add-on therapies ezetimibe and PCSK9i
  - Fibrates or EPA are recommended to lower triglycerides <150 mg/dL