

Cardiovascular Disease Risk Reduction in Type 2 Diabetes

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



To reduce
ASCVD, think
about ABC's

A

A1C

B

Blood
pressure

C

Cholesterol and
triglycerides

FOR **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



FOR **B**

Blood pressure treatment goal should be individualized but is generally <130/80 mmHg for most people

Treatment

- Lifestyle interventions including a healthy diet, potassium supplement, reduction of sodium intake, smoking cessation, weight loss, increase physical activity, and moderation in alcohol intake
- Pharmacotherapy:
 - *If 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*



FOR **C**

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, PCSK9i, and inclisiran
 - Fibrates or EPA are recommended to lower triglycerides <150 mg/dL



ACEi = angiotensin converting enzyme inhibitor
ARB = angiotensin receptor blocker
ASCVD = atherosclerotic cardiovascular disease

Albuminuria = albumin-to-creatinine ratio of ≥ 300 mg/g
GLP-1RA = glucagon-like peptide-1 receptor agonist

MRA = mineralocorticoid receptor antagonist
SGLT-2i = sodium-glucose cotransporter-2 inhibitor

Learn more at [Professional.Diabetes.org](https://www.professionaldiabetes.org) | 1-800-DIABETES (1-800-342-2383)