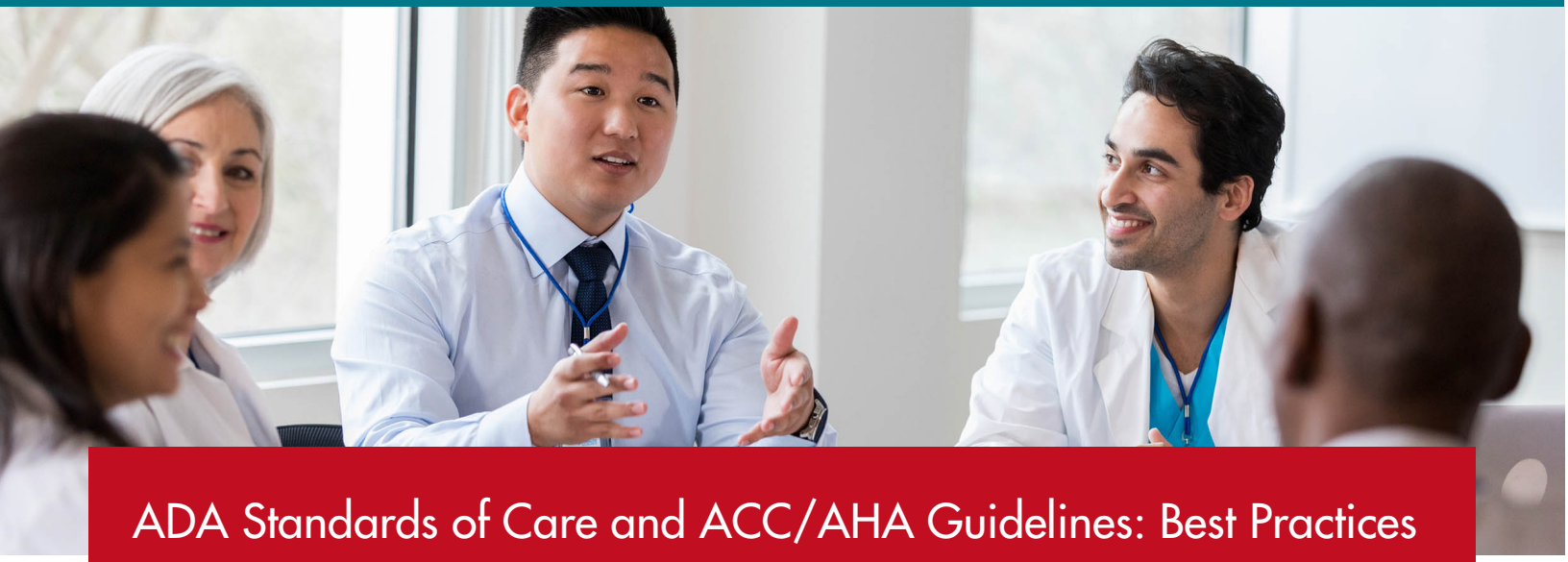
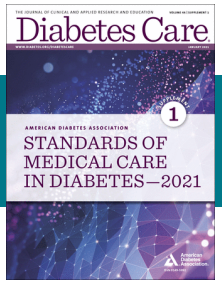


ADA Standards of Care and ACC/AHA Guidelines: Best Practices and Recommendations for CVD Prevention in Patients with T2D



ADA Standards of Care Best Practices and Recommendations

Lipid Management

Lifestyle modifications should be implemented as needed to manage weight and to incorporate dietary adjustments. Specific dietary changes include:

- Mediterranean style diet
- Dietary Approaches to Stop Hypertension (DASH) eating pattern
- Reducing intake of saturated fat and trans fat
- Increasing intake of n-3 fatty acids, viscous fiber and plant stanols/sterols

Physical activity should also be increased to promote healthy weight loss. Successful implementation of these modifications can improve a patient's lipid profile and reduce his or her risk of developing atherosclerotic cardiovascular disease (ASCVD).

Statin Treatment

The following primary prevention changes are recommended in addition to lifestyle therapy:

- Patients 40–75 years old without ASCVD: prescribe moderate-intensity statin therapy.
- Patients 20–39 years old with ASCVD risk factors: consider initiating statin therapy.
- Patients 50–70 years old or those who are high risk (for example, those with multiple ASCVD risk factors): consider initiating high-intensity statin therapy.

For secondary prevention, all patients with type 2 diabetes (T2D) and ASCVD should be prescribed high-intensity statin therapy in addition to lifestyle therapy.

Antiplatelet Agents

Aspirin should be prescribed (75–162 mg/day) as a secondary prevention in all patients with T2D and a history of ASCVD. Clopidogrel (75 mg/day) is an alternative for patients allergic to aspirin. For primary prevention, aspirin should be considered in patients with an increased CV risk, who have had a thorough discussion regarding the risk of bleeding.

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Circulation

ACC/AHA Guidelines Best Practices and Recommendations

The following recommendations are for adults with T2D:

- A heart-healthy diet tailored to the needs of the patient
- Moderate-intensity physical activity for 150 minutes/week or vigorous-intensity physical activity for 75 minutes/week
- Metformin should be considered along with lifestyle modifications as first-line therapy.
- A sodium-glucose cotransporter 2 inhibitor or a glucagon-like pepetide-1 receptor agonist should be considered in patients who have both.
    - Other ASCVD risk factors
    - A requirement for additional glucose-lowering therapy despite being on metformin and lifestyle therapies

Successful implementation of these recommendations can improve glycemic control, promote weight loss as needed and/or minimize other CVD risk factors.

Navigating and Applying the Key Practices in Both Guidelines

Key Takeaways

Both guidelines emphasize the importance of implementing lifestyle modifications as needed. For diet, the Mediterranean and DASH diets are both specifically mentioned. The recommendation to increase physical activity is also shared.

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