



Learn more about treatment guidelines for cardiovascular disease and type 2 diabetes.

Know Diabetes by Heart™

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



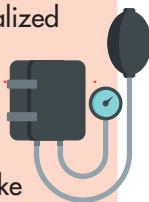
Whenever possible, use glucose-lowering medications with proven ASCVD benefit including GLP-1RA like liraglutide, dulaglutide and semaglutide as well as SGLT-2i like empagliflozin, canagliflozin and dapagliflozin

FOR B

Blood pressure treatment goal should be individualized but is generally <130/<80 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



FOR C

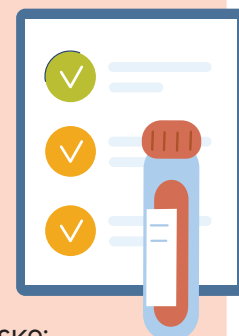
Lipid panel should be obtained at time of diabetes diagnosis, 4-12 weeks after initiation or change of dose and annually

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 and PCSK9i
 - 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 [KnowDiabetesbyHeart.org](https://www.knowdiabetesbyheart.org)