Short Communication

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Type 2 Diabetes and Coronary Disesase

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Atherosclerotic cardiovascular disease is recognized as a set of defined pathologies, which includes the spectrum of acute coronary syndromes, previous history of AMI, coronary artery or other revascularization, accident cerebrovascular, peripheral arterial disease of presumable atherosclerotic origin and the one that concerns us in this chapter, coronary heart disease.

This group of diseases remains the first cause morbidity and mortality in the world, both in the general population as in diabetic patients, being more severe in the latter. It is estimated that 2 out of 3 deaths in the diabetic population is due to cardiovascular disease, corresponding approximately 40% to schemic coronary artery disease, 15% to various cardiomyopathies, mainly insufficiency cardiac and 10% to cerebral ischemia. And established said diseases, its complications are more deleterious than in the non-diabetic population.

The socioeconomic impact of these diseases is alarming, since its highest incidence is in the age group of the population productive work, which translates into a detriment of the quality of life on a personal and family level. In addition, they represent a high cost to healthcare systems around the world. In the Colombian population is estimated to cost $ 6.4 billion per year only related to cardiovascular disease.

It is with the Framingham Study (Framingham Heart Study) that talk about risk factors for disease cardiovascular disease, including diabetes mellitus and from knowledge obtained, the multiple studies that they validate what is known today. So much so that, although controversial, It was suggested from the conclusions, equating diabetes by siol as equivalent for established coronary artery disease.

Diagnosed coronary disease in the patient diabetic, the necessary interventions should start in the lifestyle modifications and teaching by the professional in self-care, proven and validated fact from the same Framingham study, and which remains in force in the current guides. The American Diabetes Association (ADA) argues, for example, that the continued reduction of the weight in patients with T2DM, improves glycemic control and reduces the need for oral antidiabetics, in addition to influencing positively in the control of blood pressure and serum levels of lipids, elements already mentioned that are a fundamental part in the development of atherosclerotic cardiovascular disease.

Approaches for pharmacological management in diabetic patients should start from the following approach: therapeutic approach based only on optimal glycemic control, does not prevent and / or delay the onset and complications of atherosclerotic cardiovascular disease. The evidence suggests simultaneously target the risk factors with the highest impact on cardiovascular risk reduction, such as; Optimal glycemic control with drugs that have demonstrated not increase cardiovascular risk, blood pressure management goal-based, lipid-lowering drug use in groups benefit from them and initiation of antithrombotic therapy in patients with established coronary artery disease.

In a randomized trial it was shown that, using this approach, could be statistically and clinically reduced by approximately 53% the composite primary outcome that included any cardiovascular event. Other studies showed a decrease of all-cause mortality, and composite outcome including death, acute myocardial infarction and accident ischemic cerebrovascular disease in diabetic patients with established coronary disease.

