

European Heart Journal

Volume 44 No. 48 December 2023

ISSUE @ A GLANCE



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CORRECTION

Correction to: 2023 ESC Guidelines for the management of cardiovascular disease in patients with diabetes:
Developed by the task force on the management of cardiovascular disease in patients with diabetes of the
European Society of Cardiology (ESC)

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Page	Section	Text
1	Introduction	These guidelines are intended to support the clinical management of patients with cardiovascular disease (CVD) and diabetes mellitus (DM). They are based on the latest evidence and provide recommendations for the prevention, diagnosis, and treatment of CVD in patients with DM. The guidelines are intended for healthcare professionals involved in the care of patients with DM and CVD.
2	Definition of terms	The term 'cardiovascular disease' (CVD) refers to diseases of the heart and blood vessels, including coronary artery disease, stroke, and peripheral arterial disease. The term 'diabetes mellitus' (DM) refers to a group of metabolic disorders characterized by high blood glucose levels. The term 'metabolic syndrome' refers to a cluster of risk factors that increase the risk of CVD and DM.
3	Epidemiology	Diabetes mellitus is a major risk factor for CVD. In the United States, approximately 30% of adults have DM, and nearly half of them have CVD. The risk of CVD is highest in patients with type 2 DM, particularly those who are obese or have other risk factors such as hypertension, dyslipidemia, and smoking. The risk of CVD is also higher in patients with type 1 DM, especially if they have had the disease for many years.
4	Pathophysiology	The pathophysiology of CVD in patients with DM is complex and involves multiple mechanisms. These include insulin resistance, hyperglycemia, lipid abnormalities, hypertension, and inflammation. Insulin resistance leads to increased levels of triglycerides and low-density lipoprotein (LDL) cholesterol, which contribute to the development of atherosclerosis. Hyperglycemia leads to increased levels of advanced glycation end products (AGEs), which damage blood vessels and contribute to the development of diabetic nephropathy and retinopathy. Hypertension and inflammation also contribute to the development of CVD in patients with DM.
5	Prevention	The prevention of CVD in patients with DM is a key focus of these guidelines. This includes the prevention of type 2 DM through lifestyle modification, the prevention of CVD through risk factor modification, and the prevention of complications through the use of medications and other interventions. Lifestyle modification includes healthy eating, regular physical activity, and weight loss. Risk factor modification includes smoking cessation, blood pressure control, lipid management, and glucose control. Complications include diabetic nephropathy, retinopathy, and peripheral neuropathy.
6	Diagnosis	The diagnosis of CVD in patients with DM is based on clinical history, physical examination, and diagnostic tests. These include electrocardiogram (ECG), echocardiogram, coronary angiogram, and non-invasive imaging studies such as computed tomography (CT) and magnetic resonance imaging (MRI). The diagnosis of DM is based on laboratory tests such as glycated hemoglobin (A1C) and plasma glucose levels.
7	Treatment	The treatment of CVD in patients with DM is based on the principles of cardiovascular medicine. This includes the use of medications such as statins, angiotensin-converting enzyme (ACE) inhibitors, and beta-blockers. It also includes the use of other interventions such as surgery and devices. The treatment of DM is also important, as it can help to reduce the risk of CVD. This includes the use of oral hypoglycemic agents and insulin therapy.
8	Conclusion	In conclusion, these guidelines provide recommendations for the prevention, diagnosis, and treatment of CVD in patients with DM. They are intended to help healthcare professionals provide the best care possible for their patients. The guidelines are based on the latest evidence and provide practical advice for clinical practice.



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