



Antiplatelet therapy in diabetes patients

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Description

Aspirin Secondary prevention-There is widespread agreement on the efficacy of aspirin in the secondary prevention of CV events in the general population, including diabetic patients. Diabetes individuals benefited less from low-dose aspirin therapy for primary CVD prevention than those with other CV risk factors. Aspirin was compared to placebo in a newly published meta-analysis. Males had a lower risk of cardiac events, whereas women did not. The reduction in CV events (the benefit from treatment) was comparable to the rate of major bleeding problems in a group of patients at low risk (less than 20% risk for 10 years) and individuals over the age of 70 years. Furthermore, the Antithrombotic Trialists' Collaboration determined that aspirin is effective for primary prevention without prior illness.

■ Clopidogrel

Clopidogrel reduced the rate of cardiac events in individuals with acute coronary syndromes treated with aspirin by roughly 21% compared to placebo in the CURE study. Clopidogrel was found to be beneficial in subgroups of high-risk individuals, such as those with diabetes, although there was no statistical significance [1].

■ Prasugrel

The TRITON research, which included individuals who had undergone an acute cardiac

event, discovered an 18% reduction in all cardiac events when prasugrel was used instead of clopidogrel (all patients were treated with aspirin). There was a 40% reduction in recurrent cardiac incidents among diabetes patients.

■ Ticagrelor

In the PLATO research, ticagrelor, given as an addition to aspirin in patients with ACS, was found to be more effective than clopidogrel and aspirin in lowering cardiac events, strokes, and deaths, with no extra bleeding. In a subanalysis of the research, 4662 diabetic patients showed ticagrelor benefit comparable to nondiabetic patients (hazard ratio: 0.82 for death from any cause and hazard ratio: 0.65 for stent thrombosis compared to clopidogrel) without an increase in bleeding events. Aspirin is widely used for the secondary prevention of CV events in the general population, including diabetics. Interestingly, primary prevention has not been shown to be effective in this group of individuals who are at higher risk and require more treatment [2-4].

■ Dyslipidemia

Statin intervention trials indicated a reduction in CV events in diabetic subgroups that was comparable to the overall group. A small number of diabetes patients were included in primary prevention statin trials. The HPS found that giving simvastatin 40 mg daily to high-risk individuals was beneficial in all subgroups, including diabetics.

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The CARDS study found that statin medication was beneficial for primary prevention in diabetic patients with LDL cholesterol levels of 4.14 mmol/l or below.

Primary angioplasty reduced diabetes patient mortality nearly twice as much as thrombolytic treatment. As a result, diabetic individuals may be considered a specific category for whom primary angioplasty is even more suggested than in the general population.

Conclusion

Patients with non-ST elevation-ACS

(unstable angina or a non-ST-elevation MI) were randomised to primary percutaneous coronary intervention or conservative therapy in the TACTICS study. Revascularization significantly reduced the rate of cardiac events in diabetic patients: 20.1% incidents in PCI patients compared to 27.7% in conservatively managed patients (27% relative reduction). Notwithstanding the fact that the natural course of coronary disease in diabetes patients who have ACS includes more CV episodes, PCI reduces mortality in these individuals as much as, if not more than, nondiabetic patients.

References

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