Effect of cardiovascular risk factors on diabetes

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Description

Jean-Louis Chiasson and Sophie Bernard authors explained about that how prediabetes performing action for reducing cardiovascular risk. Cardiovascular risk factors are mainly obesity, hypertension and dyslipidemia, all features of the metabolic syndrome.

Type 2 diabetes mellitus is especially preceded by a state that has been termed prediabetes also called as IGT, which is defined as impaired fasting glucose and/or impaired glucose tolerance [1]. The prevalence of impaired fasting glucose is as high, if not higher, than that of diabetes in most countries, particularly in developing countries. IGT hyperglycemia is now recognized as an independent risk factor for disorder. Furthermore, it's usually related to other cardiovascular risk factors like obesity, hypertension and dyslipidemia, all features of the metabolic syndrome. We've only a few studies that have evaluated the consequences of treatment of these cardiovascular risk factors on cardiovascular events and mortality within the impaired fasting glucose population. However, we've variety of prospective randomized intervention trials that have evaluated the consequences of treatments of hyperglycemia within the diabetic populations, and therefore the effects of treatments of hypertension and dyslipidemia in diabetic and no diabetic populations. It's been well demonstrated in those populations that treating hypertension with most antihypertensive drugs and dyslipidemia with statins resulted during a significant reduction in cardiovascular events and mortality. However, it's been harder to convincingly show that treating hyperglycemia in patients with diabetes reduced cardiovascular events and mortality. A recent meta-analysis does suggest that intensive glycemic treatment is related to a discount in nonfatal myocardial infarct and coronary heart condition but doesn't seem to affect stroke and all-cause mortality. Observational studies also suggest that treating obesity should be related to a discount of disorder. Since it's recognized that impaired glucose tolerance has an equivalent cardiovascular risk as newly diagnosed Type 2 diabetes, it's proposed that impaired fasting glucose should be screened in high-risk populations and every one cardiovascular risk factors should be treated similarly to patients with Type 2 diabetes.

Brian K Iron's author explained about that the Current diabetes guidelines list the disorder as a cardiovascular risk equivalent or risk factor [2]. Therapy for hypertension or lipids or suggested use of aspirin are common though varies and there are insufficient clinical data to support some recommendations. Using specific goals of therapy for many patients with the diagnosis of diabetes, a population-based approach may benefit some but not all patients. Recommended targets of therapy or suggested medication use aren't without risk to patients as they will potentially increase the danger for adverse drug reactions and drug–drug interactions. They'll also increase drug costs to patients and lower medication adherence. The goals also carry implications to providers and healthcare systems. While population-based guidelines make some clinical decisions more practical, they are doing not take into consideration an individual's overall cardiovascular risk. Individualized risk assessment to guide therapy decisions may optimize benefit while minimizing risk.

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