

Guidelines Look at Cardiovascular Care in Diabetes

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COPENHAGEN — Diabetologists should pay particular attention to prediabetes when considering their patients' cardiovascular health, according to joint guidelines on diabetes and cardiovascular disease unveiled at the annual meeting of the European Association for the Study of Diabetes.

"The negative impact of dysglycemia is apparent before the onset of diabetes," said Dr. Eberhard Standl of the International Diabetes Research Unit, Munich, and vice president of the association (EASD). "There are signs of diastolic dysfunction with impaired glucose tolerance before the development of overt diabetes."

An executive summary of the joint guidelines, "Diabetes, Prediabetes, and

assess cardiovascular health in all their patients with known or unknown cardiovascular disease, using electrocardiography, echocardiography, and exercise testing. Patients with positive findings should be referred to a cardiologist for follow-up.

Similarly, cardiologists are advised to assess diabetic status in their patients using the oral glucose tolerance test (OGTT). While testing is not recommended in all cardiology patients, the de-

cision about which cardiology patients to test can be made using the Finnish Diabetes Risk Score (FINDRISC), said Dr. Standl.

According to the EASD/ESC document, the oral glucose tolerance test is "the best method to diagnose previously unknown diabetes or prediabetes," compared with fasting glucose measurements. However, a spokesman with the American Diabetes Association (ADA) said although the OGTT recom-

mendation will mean greater identification of diabetes cases, it raises the risk of noncompliance. "The test is somewhat cumbersome and adds to the burden of so many things that need to be done with these patients," Dr. Vivian Fonseca said in an interview. Dr. Fonseca, professor of medicine at Tulane University, New Orleans, is drafting similar joint guidelines on behalf of the ADA in cooperation with the American Heart Association. ■



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DR. FERRANNINI

Cardiovascular Disease," which was drafted by the EASD and the European Society of Cardiology (ESC), is expected to be published simultaneously in the official journals of both organizations—the European Heart Journal and Diabetologia—in November. The full 200-page text of the guidelines, which includes 72 recommendations, will appear in the European Journal of Cardiovascular Prevention and Rehabilitation, as well as on the Web sites of both the EASD and the ESC. Dr. Standl said at a press conference that was held during the EASD meeting. Pocket guidelines also are being prepared.

The guidelines reflect a growing recognition within both fields of the common co-occurrence of diabetes and cardiovascular disease. "Every diabetologist sees cardiovascular disease, and every cardiologist sees diabetes," Dr. Standl said.

"Between two-thirds and three-quarters of people with diabetes eventually die of a cardiovascular complication, and approximately two-thirds of patients seen for cardiac problems have diabetes, known or unknown," added Dr. Ele Ferrannini, of the University of Pisa, Italy, and the president of EASD.

An algorithm included in the document recommends that diabetologists

Correction

In the story "Exenatide Is Adjunctive Therapy in Type 2 Diabetes" (CLINICAL ENDOCRINOLOGY NEWS, Aug. 2006, p. 10), the correct dosage of exenatide over 16 weeks should have been 5 mcg twice daily for the first 4 weeks and 10 mcg twice daily thereafter.

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References: 1. Mulligan T, Borel R, Frick M, Zuraw O, Sternhagen A. The HIM Study (Hypogonadism in Males): an epidemiological program to estimate the population prevalence of hypogonadism in men over 45. Poster presented at: Annual Scientific Assembly of the American Academy of Family Physicians; October 13-17, 2004; Orlando, Fla. 2. AndroGel [package insert]. Marietta, Ga: Unimed Pharmaceuticals, Inc; 2005. 3. Swerdloff RS, Wang C, Cunningham G, et al, and the Testosterone Gel Study Group. Long-term pharmacokinetics of transdermal testosterone gel in hypogonadal men. *J Clin Endocrinol Metab.* 2000;85:4500-4510.

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