

Modifiable risk factors impact CVD mortality in T2DM

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that even among individuals with type 2 diabetes and high burden of subclinical CVD, modifiable <u>risk</u> <u>factors</u> exist that could be targeted for early and continued intervention to reduce the risk of <u>adverse</u> <u>outcomes</u>," the authors write.

More information: <u>Abstract</u> <u>Full Text (subscription or payment may be required)</u>

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(HealthDay)—Modifiable risk factors can be targeted for early and continued intervention to reduce the risk of adverse outcomes in patients with type 2 diabetes mellitus and cardiovascular disease, according to research published online July 2 in *Diabetes Care*.

Amanda J. Cox, Ph.D., of the Wake Forest School of Medicine in Winston-Salem, N.C., and colleagues analyzed data for a subset of 371 highrisk patients from the Diabetes Heart Study with type 2 diabetes and a coronary artery calcified plaque score greater than 1,000 mg. The researchers compared differences in cardiovascular disease (CVD) risk factors among 218 living and 153 deceased participants.

The researchers found that duration of type 2 diabetes had been longer (P = 0.02) and use of cholesterol-lowering medications lower (P = 0.004) among deceased participants. After adjustment, vascular calcified plaque scores were found to be associated with higher risk of mortality. Other CVD risk factors found to be associated with 1.1 to 1.5 times higher risk of mortality included higher levels of HbA1c, lipids, and C-reactive protein and reduced kidney function.

"In conclusion, the findings described here suggest



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