

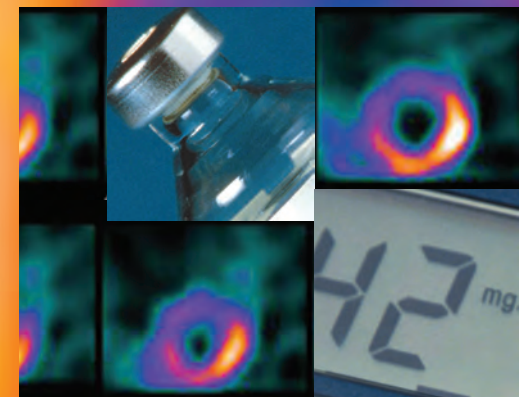
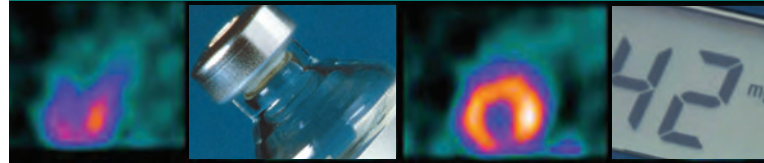
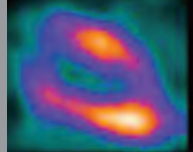
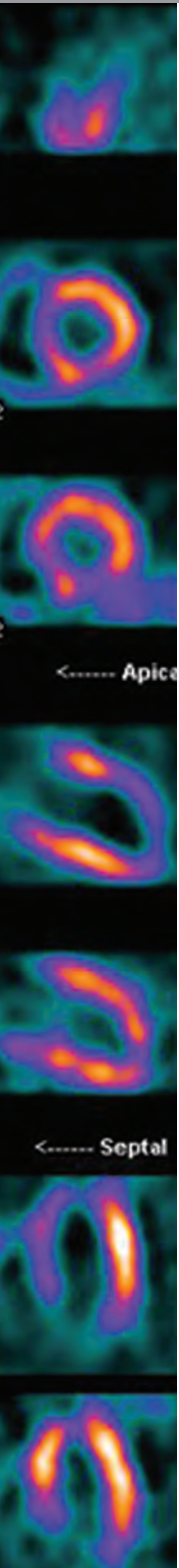
Heart Disease in the Diabetic Patient

It's a startling statistic — 80 percent of diabetics die of coronary artery disease. Patients with diabetes are much more likely to have heart disease, blood vessel disease, a heart attack or a stroke than a non-diabetic person. Heart disease is the leading cause of morbidity and mortality in the United States, and among diabetics, it is often more advanced and more pervasive.

Commonly silent, heart disease often first manifests as acute Myocardial Infarction (MI) or cardiac death. In diabetics, heart disease is more likely to show disease in more than one vessel at diagnosis or first MI. Among women, heart disease is the number one cause of death, and the nine million American women with diabetes are at an even greater risk. Yet, healthcare professionals can take important steps to prevent, detect and treat heart disease in diabetic patients.

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Diabetics and Heart Disease



Diabetics and Heart Disease

PATIENT AWARENESS INITIATIVE

PREVALENCE OF DIABETES

Diabetes is an increasingly common disease in the United States, affecting an estimated 20.6 million American adults over the age of twenty. According to the American Heart Association (AHA), since 1990, the prevalence of diabetes has increased more than 60 percent. That percentage will continue to grow, as the U.S. Department of Health and Human Services reported in 2004 that 40 percent of adults between the ages of 40 and 74 have pre-diabetes, a condition that significantly increases their odds of developing diabetes.

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RISK FACTORS

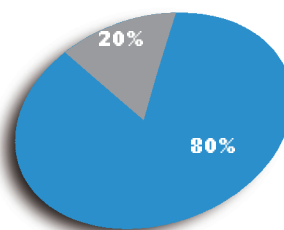
As a person's risk for diabetes increases, so does their chance of developing heart disease. In fact, cardiac death rates are two to four times higher among diabetic adults than their non-diabetic counterparts.

According to the American Diabetes Association (ADA), among persons with diabetes, the increased likelihood of coronary artery disease is associated with certain risk factors, including elevated cholesterol and blood pressure, a family history of premature heart disease, and smoking.

SCREENING FOR CAD

In addition to evaluating patients with signs or symptoms of heart disease, the ADA recommends screening diabetic patients in cases of sedentary adults over age thirty-five who wish to begin exercise programs or a history of peripheral or carotid vascular occlusive disease. When heart disease is suspected or confirmed in the diabetic patient further evaluation may include myocardial perfusion imaging, cardiac catheterization, dobutamine stress echocardiography, or exercise stress test.

Eighty percent of diabetics die of coronary artery disease.



MYOCARDIAL PERFUSION IMAGING (MPI)

MPI is a non-invasive nuclear imaging study to test for critical coronary stenosis. With improved diagnostic accuracy over regular stress tests, abnormal perfusion scans are highly indicative of coronary artery disease. MPI is used to determine the need for invasive procedures, avoid unwarranted hospital admissions or discharges, and to assess for long-term prognosis. MPI is a non-invasive test with high diagnostic and prognostic accuracy.

RISK REDUCTION

In addition to managing blood sugar, diabetes care also requires the management of blood pressure, cholesterol, and other cardiovascular disease risk factors. These risk factors include diet for weight management and glycemic control, smoking cessation, lifestyle and behavior modification to discourage sedentary habits, lipid reduction, antiplatelet therapy and ACE inhibitors. Early diagnosis allows aggressive secondary intervention proven to reduce morbidity and mortality.

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