

New Tools Determine Risk of CHD in Diabetics



According to a recent report, new tools could be used for improving the treatment of heart disease in patients with type 2 diabetes. This could prove to be quite significant since nearly two-thirds of deaths among people with type 2 diabetes is related to cardiovascular disease. The report is published in the *Journal of the American College of Cardiology: Cardiovascular Imaging*.

Prepared by the Imaging Council of American College of Cardiology, this report highlights that tools such as exercise testing or coronary calcium scanning could be useful to determine the level of risk of heart disease in people suffering from type 2 diabetes. The information derived from these tools could enable healthcare providers to match the intensity of therapy with the level of risk of heart disease for the patient.

"By properly evaluating the level of coronary heart disease risk, physicians will know when to prescribe more aggressive and less aggressive treatment strategies for their patients," said Matthew J. Budoff, MD, an LA BioMed lead researcher, Chair of the writing group for the Imaging Council and the corresponding author of the report.

See Also: [Diabetic Women at Higher Risk of Heart Attack than Men](#)

Assessing the risk of heart disease in this high-risk patient population is critical. The report notes several forms of testing that could help measure this risk. For example exercise testing can detect silent ischaemia and reductions in the flow of blood to the heart. Similarly, a cardiac computed tomographic scan (CT scan) can help identify high-risk patients by detecting calcification in the coronary arteries.

Approximately 25 to 30 percent of people with type 2 diabetes are at a low risk of coronary heart disease based on the absence of coronary atherosclerosis, or plaque in the coronary arteries. The authors of the report call for screening patients with type 2 diabetes for calcium deposits and conducting a functional study to determine if such patients also suffer from ischaemia. They highlight the need for further study to determine if such an approach would lead to better patient outcomes.

Source: LA BioMed

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Published on : Tue, 2 Feb 2016