

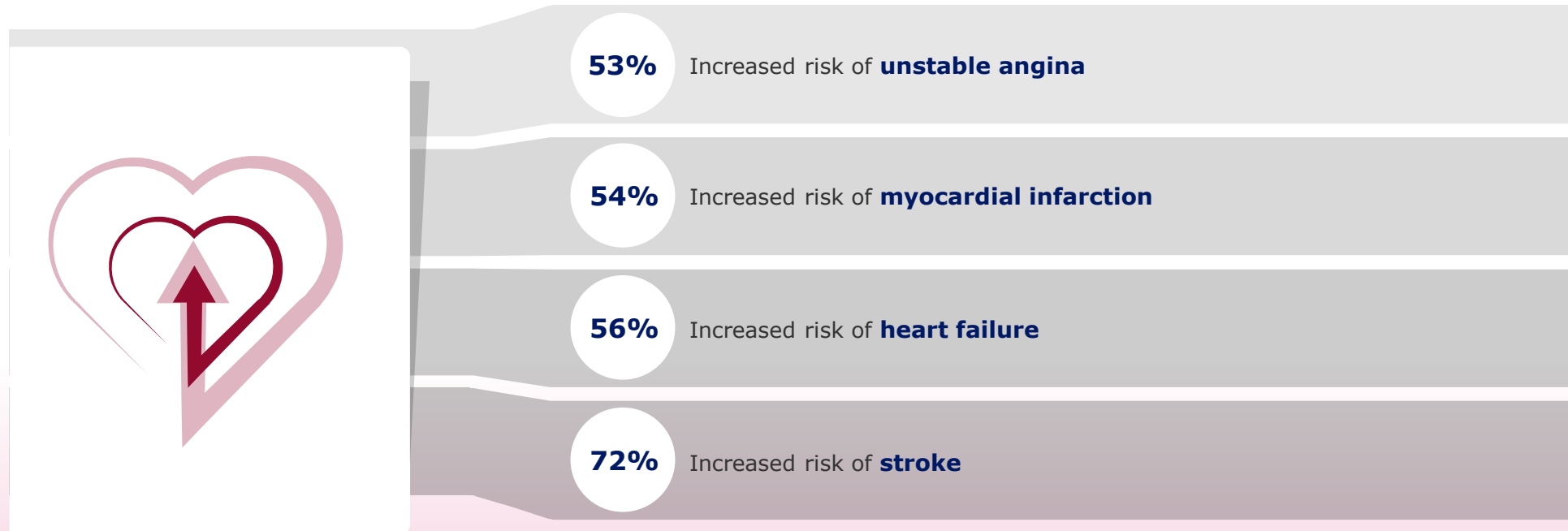
**DIABETES AT THE  
HEART OF  
CONTEMPORARY  
HEALTHCARE  
AGENDA**

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# PEOPLE WITH T2D ARE AT INCREASED RISK OF CV COMPLICATIONS COMPARED WITH THOSE WITHOUT DIABETES <sup>1</sup>



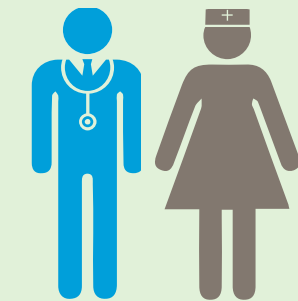
**Abbreviations:** CVD, cardiovascular disease; T2D, type 2 diabetes

• **Reference:** 1. Shah AD, et al. *Lancet*. 2015;3:105-13

# CAPTURE: FIRST GLOBAL STUDY PROSPECTIVELY CAPTURED THE PREVALENCE OF CVD IN PEOPLE WITH TYPE 2 DIABETES

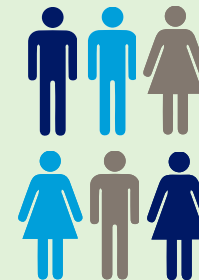
- A non-interventional study prospectively captured the prevalence of CVD, CV risk and its management in people living with type 2 diabetes
- Results were presented at the European Association for the Study of Diabetes 56<sup>th</sup> Annual Meeting in 2020

## CAPTURE in numbers



Spanning all ages from

18 +



Surveyed almost 10,000 people with T2D



CV, cardiovascular; CVD, cardiovascular disease; T2D, type 2 diabetes

1. [Clinicaltrials.gov](https://clinicaltrials.gov/ct2/show/NCT03786406). Available at: <https://clinicaltrials.gov/ct2/show/NCT03786406>. Last accessed: October 2020. 2. (CAPTURE-IO). Available at: <https://clinicaltrials.gov/ct2/show/NCT03811288>. Last accessed: October 2020.

<sup>3</sup>Mosenzon et al. *Cardiovasc Diabetol* 2021;20:154.

## WEIGHTED CVD PREVALENCE IN PEOPLE WITH T2D ACROSS THE 13 COUNTRIES

Region	Country (number of participants; estimated diabetes population size)	n	Prevalence estimate [95% CI], %
Australasia	Australia (824; 1,133,000)	332	40.1 [36.8; 43.4]
	China (805; 114,394,800)	273	33.9 [30.6; 37.3]
East Asia	Japan (800; 7,234,200)	298	37.3 [34.2; 40.3]
	Czech Republic (400; 767,800)	91	22.8 [18.8; 26.7]
Europe	France (659; 3,276,400)	220	34.2 [30.7; 37.8]
	Hungary (400; 706,800)	140	35.0 [30.3; 39.9]
	Italy (816; 3,402,300)	317	38.8 [35.5; 42.3]
Latin America	Argentina (834; 1,757,500)	347	41.5 [38.4; 44.7]
	Brazil (912; 12,465,800)	400	43.9 [40.9; 46.8]
	Mexico (820; 12,030,100)	302	36.9 [34.1; 39.6]
Middle East	Israel (869; 415,800)	454	56.5 [52.8; 60.2]
	KSA (883; 3,852,000)	158	18.0 [15.5; 20.5]
	Turkey (801; 6,694,400)	250	31.2 [28.0; 34.4]
Overall	Overall (9,823; 168,130,900)	3,582	34.8 [32.7; 36.8]

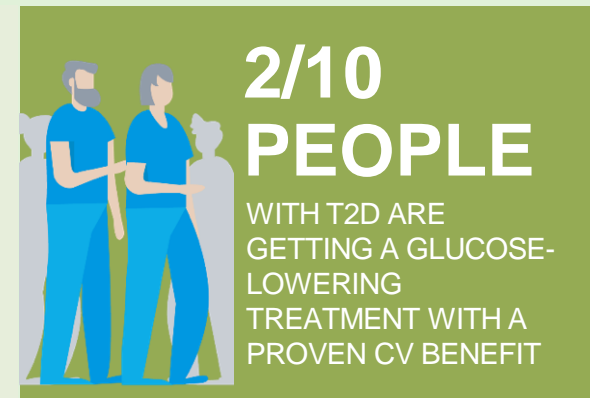
Adapted from Figure 1  
CI, confidence interval; CVD, cardiovascular disease; KSA, Kingdom of Saudi Arabia; n,  
number of participants with CVD; T2D, type 2 diabetes

Mosenzon et al. *Cardiovasc Diabetol* 2021;20:154.

Prevalence estimate [95% CI], %

# CAPTURE: ESTABLISHED CVD IN T2D USUALLY ASSOCIATED WITH ASCVD – YET FEW PATIENTS RECEIVE DIABETES MEDICATION TO REDUCE CV RISK FACTORS

## STUDY FINDINGS<sup>1,2</sup>



Professional cardiology and diabetes organisations/associations have recommended **GLP-1 RAs** as a preferred therapy for people **with T2D and ASCVD**

1. Mosenzon O, et al. CAPTURE. Abstract 158. Presented at the 56th Annual Meeting of the European Association of the Study of Diabetes, Macrovascular complications and beyond, 10:15 CET on 24 September 2020. PMID: 32840677 PMCID: PMC7445463 DOI: 10.1007/s00125-020-05221-5. Vencio S, et al. Abstract 945. Presented at the 56th Annual Meeting of the European Association of the Study of Diabetes, Cardiovascular complications in humans through and through, 13:15 CET on 24 September 2020. PMID: 32840677 PMCID: PMC7445463 DOI: 10.1007/s00125-020-05221-5.

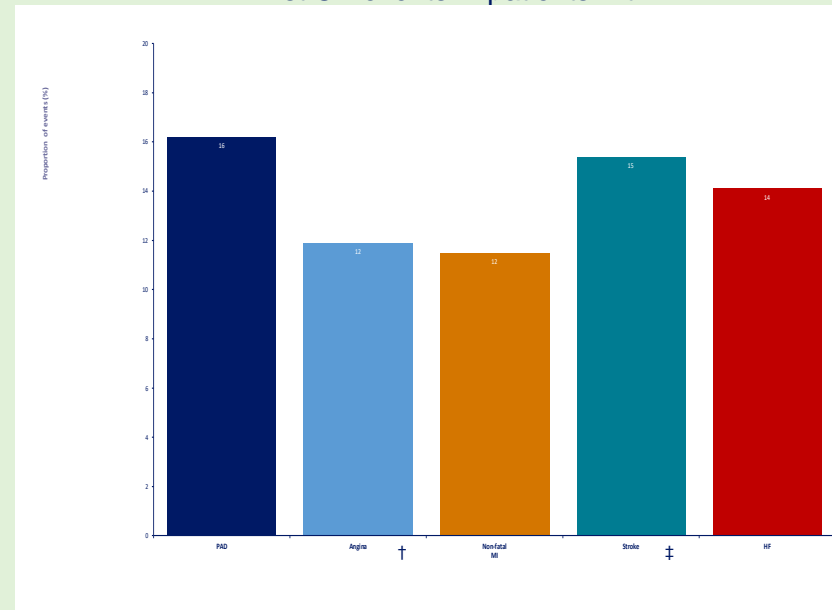
<sup>5</sup>Mosenzon et al. *Cardiovasc Diabetol* 2021;20:154.

# NEARLY 1 IN 5 PEOPLE WITH T2D EXPERIENCE THEIR FIRST CV EVENT WITHIN 5-6 YEARS OF DIAGNOSIS

Cohort study of 34,198 patients with T2D in UK\*

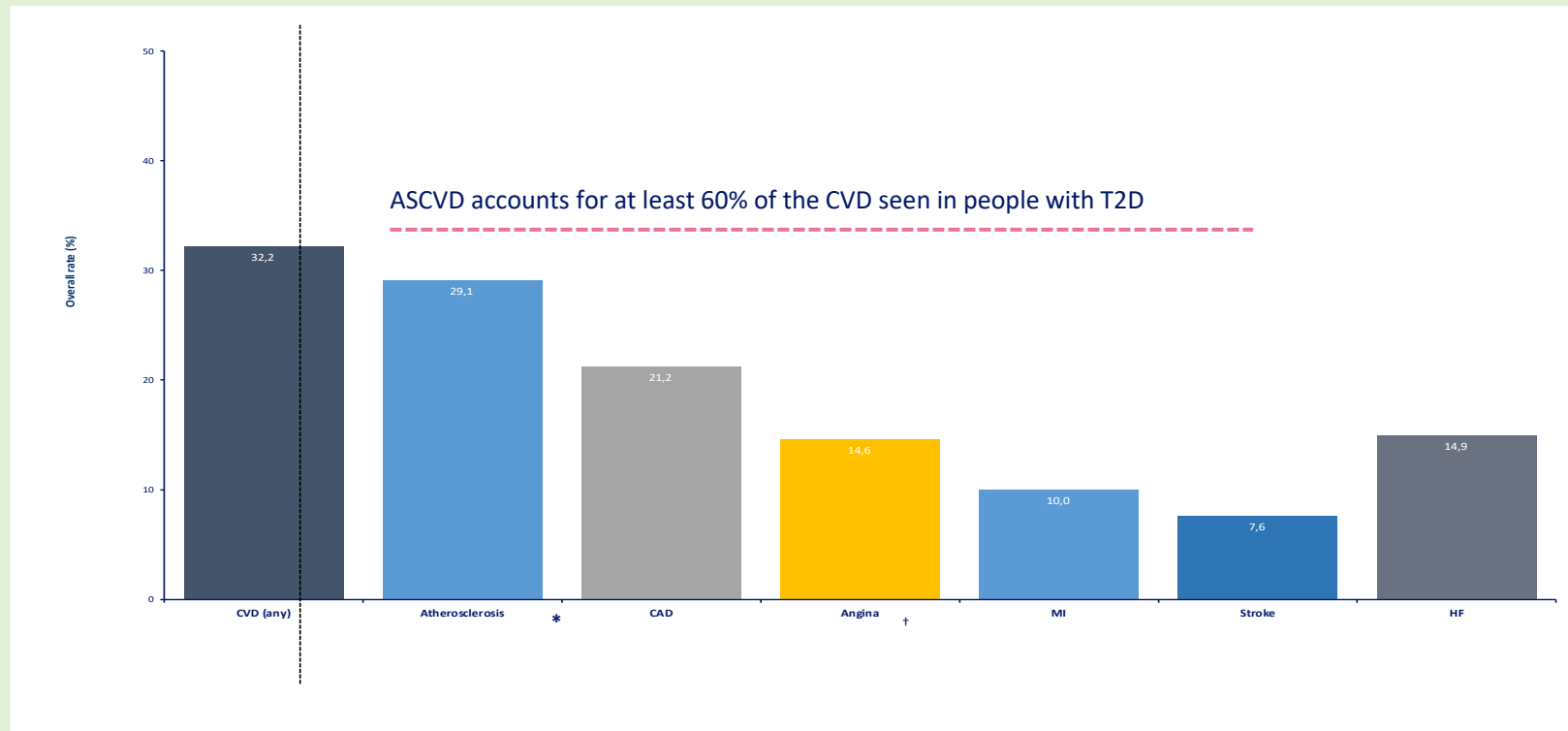
- Over a follow-up period of 5.5 years, **18%** of patients with T2D experienced their first CV event<sup>1</sup>
- T2D was associated with increased risk of PAD, stroke, angina, heart failure and non-fatal MI<sup>1</sup>

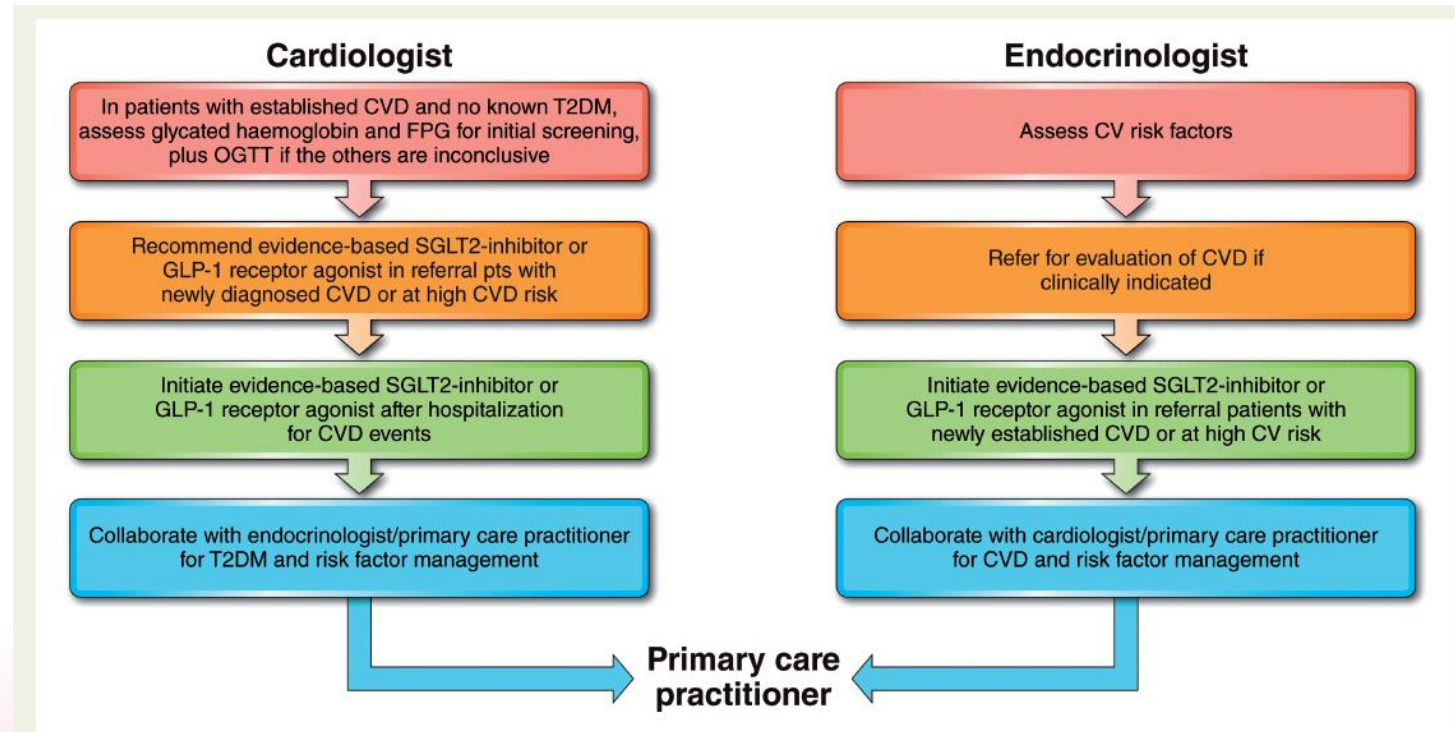
First CV events in patients with T2D



\*CALIBER programme: Full cohort including non-diabetic population ~1.9 million patients; †Includes stable and unstable angina; ‡Includes ischaemic stroke and stroke not further specified  
CV, cardiovascular; HF, heart failure; MI, myocardial infarction; PAD, peripheral artery disease; T2D, type 2 diabetes  
Shah AD et al. *Lancet Diabetes Endocrinol* 2015;3:105–113.

# ATHEROSCLEROTIC HEART DISEASES ARE THE MOST PREVALENT CVD MORBIDITIES IN PEOPLE WITH T2D<sup>1</sup>





**Figure 2** Individual responsibilities and opportunities for collaboration between cardiologists, endocrinologists, and primary care practitioners cardiologists and endocrinologists both have individual roles in assessing and treating cardiovascular risk in patients with Type 2 diabetes. Treatments to reduce cardiovascular risk can be initiated by either specialist, but two-way communication is essential to optimal monitoring and continuation of therapy. Primary care practitioners are involved across all stages, playing a central role and interfacing with both cardiologists and endocrinologists. ACS, acute coronary syndrome; CV, cardiovascular; CVD, cardiovascular disease; d/c, discharge; GLP-1, glucagon-like peptide 1; SGLT-2, sodium-glucose cotransporter-2; T2DM, type-2 diabetes mellitus.



**UNITE PROJECT - AZIENDA  
OSPEDALIERO-UNIVERSITARIA  
SANT'ANDREA-ROME- ITALY**

***INTRAHOSPITAL JOURNEY OF THE DIABETIC  
PATIENTS***

**Rational**

INTEGRATED INTRAHOSPITAL JOURNEY OF DIABETIC REASONS THE WARDS OF :

- ENDOCRINOLOGY/DIABETOLOGY;
- CARDIOLOGY;
- INTERNAL MEDICINE;
- NEFROLOGY.

DEVELOPMENT OF A PDT FOR DIABETIC PATIENTS FROM THE ER OR THE ADMISSION UP TO THE DISCHARGE FROM THE HOSPITAL AND OUTPATIENT FOLLOW UP.

## INCREASED FOCUS AND NEED FOR A MULTIDISCIPLINARY APPROACH TO PATIENT CARE



As managing CV risk is increasingly prioritised in treatment guidance for type 2 diabetes, there is a **growing need for diabetologists and cardiologists to work together** to optimally treat patients, using a multi-disciplinary approach<sup>1,2</sup>

Specifically, there is a need for a **more integrated care and team-based approach**<sup>3</sup>

CV, cardiovascular;

1. Das SR et al. *J Am Coll Cardiol*. 2020 Sep; 76 (9) 1117-1145. 2. Maranta F et al. *Int J Cardiol Heart Vasc*. 2018;21:80-86 3. Arnett DK et al. *Journal of the American College of Cardiology*. 2019.