

Transcript Details

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Assessing Glucose Control & Reducing Cardiovascular Risk in Patients with Diabetes

Dr. John Anderson:

You're listening to *Diabetes Discourse* on ReachMD. I'm Dr. John Anderson and on this program, we're going to hear from Dr. Simon Heller, a Professor of Clinical Diabetes at the University of Sheffield, and honorary consultant physician with the NHS Foundation Trust in the United Kingdom. Here's Dr. Heller now talking about strategies healthcare providers can take to reduce the risk of severe hypoglycemia and cardiovascular disease in diabetes patients.

Dr. Heller:

I think we need to have a much more nuanced way in which we treated people with diabetes. You know, when I was training in the 80s and 90s, we knew that high glucose levels were really bad for people and we showed with DCCT, UKPDS that glucose levels could prevent complications, which is really important and is still true today. But we have to take the risk and their expectation and their comorbidities into account when we're having a consultation, when we're discussing with them what their own goals are. And clearly for people who are elderly, who've got very high cardiovascular risk, maybe they've had a heart attack already, they've got some heart failure, we have to be very balanced in deciding what their glucose goals are. And so, that's one example.

So, I think that people who are in the 80s, the evidence they are going to benefit from tight glucose control, and if they're frail, is very small, so we should allow their glucose levels to run a little bit higher than we would if they were twenty or thirty, for example. More importantly, we've now got great therapies which do not cause hypoglycemia. Again, when I was training in the 80s, we had insulin, we had sulfonylurea, and metformin, that was it. But nowadays, we've got a lot of great therapies all which are admittedly are expensive, they're not affordable in every country in the world but, in countries where we're fortunate enough to be wealthy enough to afford those therapies, particularly North America and Europe, then we should choose those therapies. No risk of hypoglycemia when you use them alone, and you're using therapies which I think are likely to be much safer and indeed some of those therapies have cardiovascular benefit, themselves.

So, judicious use of therapies, sensible glycemic controls, asking and identifying hypoglycemia when it occurs, by asking patients about symptoms, those are three simple things that we can do to reduce the risk to our patients.

Dr. John Anderson:

That was Professor Simon Heller sharing strategies healthcare providers can take to reduce the risk of severe hypoglycemia and cardiovascular disease in diabetes patients. For ReachMD, I'm Dr. John Anderson. To revisit any part of this discussion and to access other episodes in this series, visit ReachMD.com/Diabetes-Discourse, where you can Be Part of the Knowledge. Thanks for listening.