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Study of the control of diabetic patients with adverse cardiovascular events. Are we controlling high risk correctly?

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Background & Aim: A study on the degree of the control of diabetic patients with adverse cardiovascular events and a comparison with those who do not have these.

Method: Transversal, descriptive study of diabetic patients treated at an urban primary care medical centre. An adverse cardiovascular event was considered to be the existence of a cerebrovascular accident, peripheral vascular or cardiac disease. To calculate that the control is correct, the values recommended by ADA 2015 were used (blood pressure <140mmHg and <90mmHg, LDL<100mg/dl, HbA1c<7%). Averages and typical deviations were used for quantitative variables and percentages for qualitative variables.

Results: 100 subjects were recruited. 23% had an adverse cardiovascular event. The patients with an adverse event had an average age of 75.2±8.1 and were mainly male (52.2%). The average values found were HbA1c 6.5±0.8%, LDL 82.3±27.9mm/dl, triglycerides 142.6±8.2mm/dl, TAS 136±13.3mmHg and TAD 69.6±8.7mmHg. The patients with no adverse cardiovascular event had an average age of 68.7±12.4 and were mainly male (57.1%). The average values found were HbA1c 6.6±1.1%, LDL 97.4±28.2mm/dl, triglycerides 117.8±54.8mm/dl, TAS 136.5±13.6mmHg y TAD 74.1±10.6mmHg. On comparing diabetics with and without adverse events, 65.5 vs 73.3% (p=0.45) had their TA well controlled, LDL: 82.6% vs 64% (p=0.09) their LDL, triglycerides: 60.9 vs 81.3% (p<0.05), and HbA1c: 82.6vs71.6% (p=0.29). Establishing LDL<70 as a limit, the control was 10.7 vs 26.1% (p=0.06).

Conclusions: The degree to which risk factors for diabetic patients with adverse events are controlled, despite being high risk patients, is worse than those with no adverse events. Only in the control of triglycerides is the difference statistically different. We should modify the control and treatment of these patients to avoid future complications.