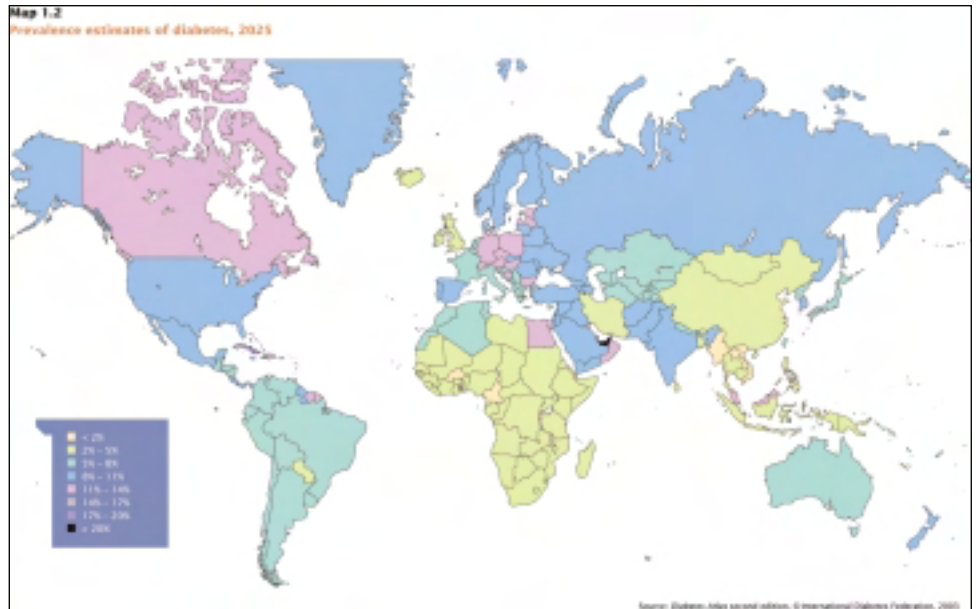


Diabetes Education Initiative Program

Cardiovascular disease is the leading cause of death in diabetics. Approximately 70-75% of patients with type 2 (adult onset) diabetes mellitus succumb to cardiovascular disease each year. Diabetes is the most prevalent risk factor for coronary artery disease (CAD) and many cardiac patients with known CAD have “prediabetes” or undiagnosed diabetes. In response to these bleak statistics, the American College of Cardiology in collaboration with Alan Brown, M.D., F.A.C.C., the Midwest Heart Foundation, Cardinal Health, and an unrestricted educational

grant from Pfizer, has developed a program which provides cardiologists and cardiac care team members, providers who often manage these patients at risk, with updated guidelines and treatment protocols for the management and prevention of cardiovascular complications associated with diabetic patients.

The primary project objectives are to foster more effective management in patients with type 2 diabetes by properly



identifying and initiating appropriate therapy and encouraging patients to take on a more active role in their own well-being. As cardiologists see an increasing number of their patients develop diabetes, the program provides them with simple, easy to follow steps to reduce cardiovascular events in their diabetic patients with type 2 diabetes, and criteria for immediate referral to an endocrinologist.

Simple Steps to Reduce CV Events in Patients with Type 2 Diabetes

- ASA in all patients
- Statin in all patients
- ACE/ARB in all patients with additional risk factor
- β -Blocker in all patients with CAD/CHF or history of MI
- Diet and exercise therapy
- Glucose management for small-vessel disease

Criteria for Immediate Referral to an Endocrinologist

- A1C $\geq 10\%$
- A1C $> 6.5\%$ after 3 months on stable therapy per the DEI intervention
- FPG (average) ≥ 200 mg/dL after 2 weeks of sulfonylurea treatment or after 2 months of metformin or TZD treatment
- NYHA Class III/IV heart failure
- SCr ≥ 2.0 mg/dL
- LFTs > 3 times ULN

“If just part of this protocol was followed, imagine the number of patients that could be saved,”

concluded Dr. Brown.