

Diabetes and heart failure: time for a new approach

Opinion

Diabetes (DM) has always been a thorn in the side for heart disease patients. They have higher rates of death, added risk of stent restenosis and approximately 20% have asymptomatic myocardial ischemia. Moreover, 80% of DM patients die of cardiovascular (CV) disease and present an increased risk of developing heart failure, which is becoming a modern epidemic.^{1,2}

Treating the heart failure patient is never easy, and it is well known that comorbidities raise the risk not only of death but also of heart failure hospitalization (HFH), influencing the prognosis negatively.³ When the SGLT2 showed a reduction in cardiovascular mortality on patients with established atherosclerotic disease, it brought enthusiasm to the cardiology community. We were just waiting for diabetes drugs that could influence positively the prognosis of the natural history of cardiovascular disease. We had some neutral drugs such as DPP4 and other ones that required caution due to the risk of HFH.⁴⁻⁸

Sometimes when we are aiming at one target, we end up hitting something else. One of the most significant results was H decrease by 35% in EMPAREG, 33% in CANVAS and 39% in CVD Real, showing a promising approach to diabetic patients concerning heart failure events.^{4,7,8}

The recently published DECLARE TIMI-58, which is a sub-study with heart failure patients, ratified this data. Of the global population of 17,160 patients, only 3.9% had heart failure with reduced ejection fraction (HFrEF) defined as EF <45%, and this group had a reduction of CV death and HFH of 38%, HFH of 36% and CV death of 45%. No reduction was observed for non-HFrEF patients.⁹

Based on all this data, very soon SGLT2 is going to be incorporated to the basic medical therapy for patients with DM and HFrEF.

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Conflicts of interest

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