



UNIVERSITÀ
DEGLI STUDI
FIRENZE

La gestione del rischio cardiovascolare nei pazienti diabetici

Edoardo Mannucci

*Diabetologia e Malattie Metaboliche, AOU Careggi
Endocrinologia, Università di Firenze*



Conflitti di interesse

Negli ultimi due anni, E. Mannucci ha ricevuto compensi per relazioni e/o consulenze da ***Boehringer Ingelheim, Dexcom, Eli Lilly, MSD, Novo Nordisk, Sanofi***

La struttura di appartenenza di E. Mannucci ha ricevuto :

- Finanziamenti per ricerca indipendente non condizionata da ***Abbott***
- Compensi per studi clinici sponsorizzati da ***Boehringer Ingelheim, Daiichi Sankyo, Eli Lilly, Molteni, Novo Nordisk***



Sommario

- Controllo glicemico
- Quadro lipidico
- Appropriatelyzza del percorso



Prevention of cardiovascular disease through glycemic control in type 2 diabetes: A meta-analysis of randomized clinical trials

E. Mannucci*, M. Monami, C. Lamanna, F. Gori, N. Marchionni

Meta-analysis

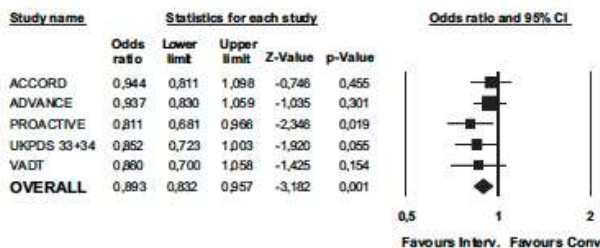
RCTs > 52 wk on T2DM, with adjudication of cardiovascular outcomes, with A1c between-group difference > 0.5%

Treatment: intensified glucose control

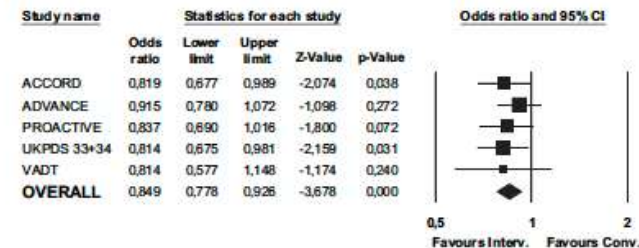
Comparator: conventional treatment

Outcome: MACE, mortality

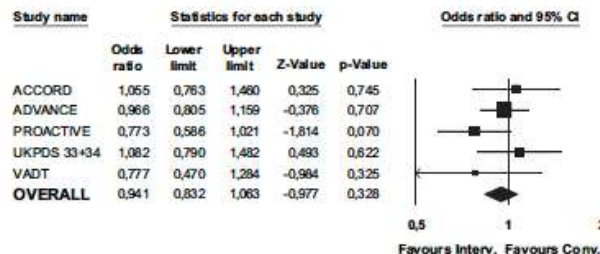
A Cardiovascular events



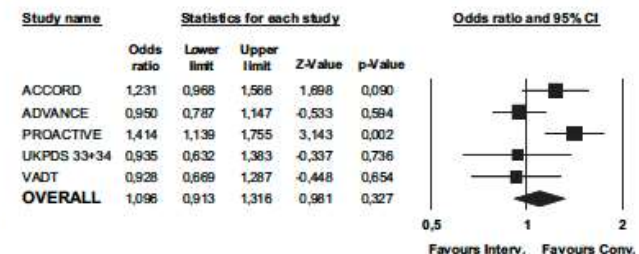
B Myocardial infarction



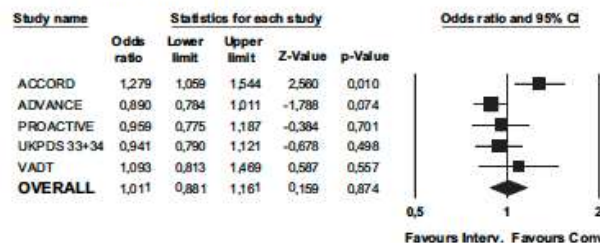
C Stroke



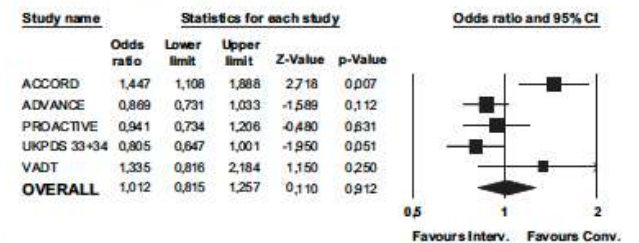
D Chronic Heart Failure



E All-cause mortality



F Cardiovascular mortality



Italian guidelines for the treatment of T2DM, 2021

HbA1c targets

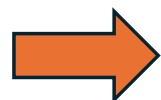
1.1. A target HbA1c between 49 mmol/mol (6.6%) and 58 mmol/mol (7.5%) is recommended for patients with type 2 diabetes treated with drugs capable of inducing hypoglycemia.

1.2.1. A target HbA1c below 53 mmol/mol (7%) is recommended for patients with type 2 diabetes treated with drugs which are not capable of inducing hypoglycemia.

Subgroup considerations. There are no available data from randomized trials on the safety and efficacy of intensification of glucose control in patients aged >75 years; in addition, benefits of long-term glucose control are evident only after 2 years of treatment. This could motivate higher HbA1c targets in patients aged >75 years or with reduced life expectancy because of comorbidities.

1.2.2. A target HbA1c of 48 mmol/mol (6.5%) or lower is suggested for patients with type 2 diabetes treated with drugs which are not capable of inducing hypoglycemia.

Indicatori di processo



	Click per selezionare indicatore	Prevalenza e processi di cura	Valore Regionale
Prevalenti diabete	<input type="radio"/>		69,25
2 emoglobina glicata	<input type="radio"/>		32,13
1 emoglobina glicata	<input type="radio"/>		64,55
Microalbuminuria	<input type="radio"/>		34,57
Creatinina	<input type="radio"/>		70,81
Profilo lipidico	<input type="radio"/>		57,99
ECG	<input type="radio"/>		22,68
Visita diabetologica	<input type="radio"/>		29,69
Televisita diabetologica	<input type="radio"/>		3,13
Visita o televisita diabetologica	<input type="radio"/>		30,43
Controllo oculistico	<input type="radio"/>		21,38
Visita piede diabetico	<input type="radio"/>		2,97
Aderenza LG diabete	<input type="radio"/>		25,47
Terapia con statine	<input type="radio"/>		44,05
Terapia con statine 16-84	<input type="radio"/>		40,39

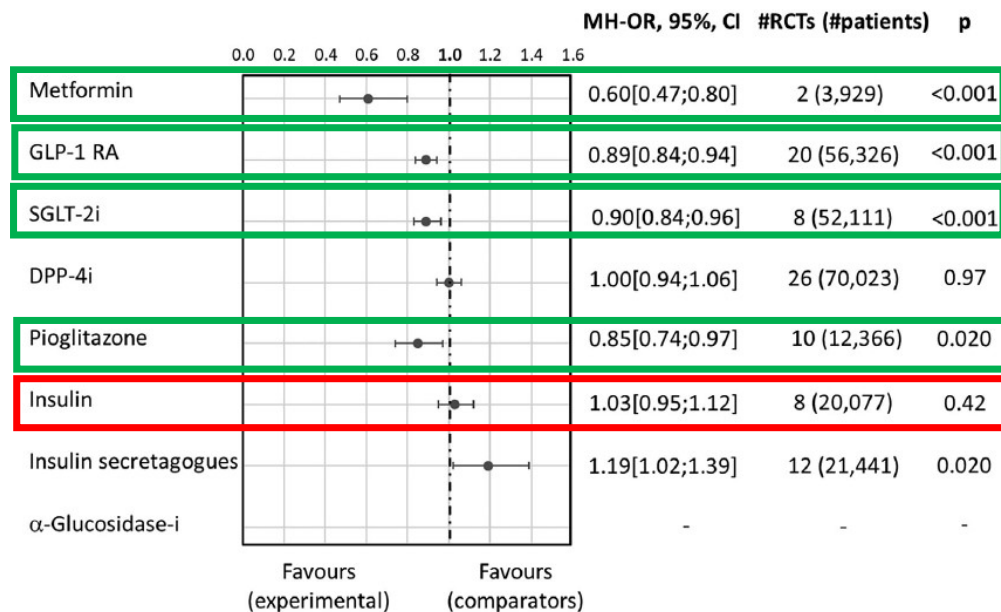
Indicatori di esito intermedio



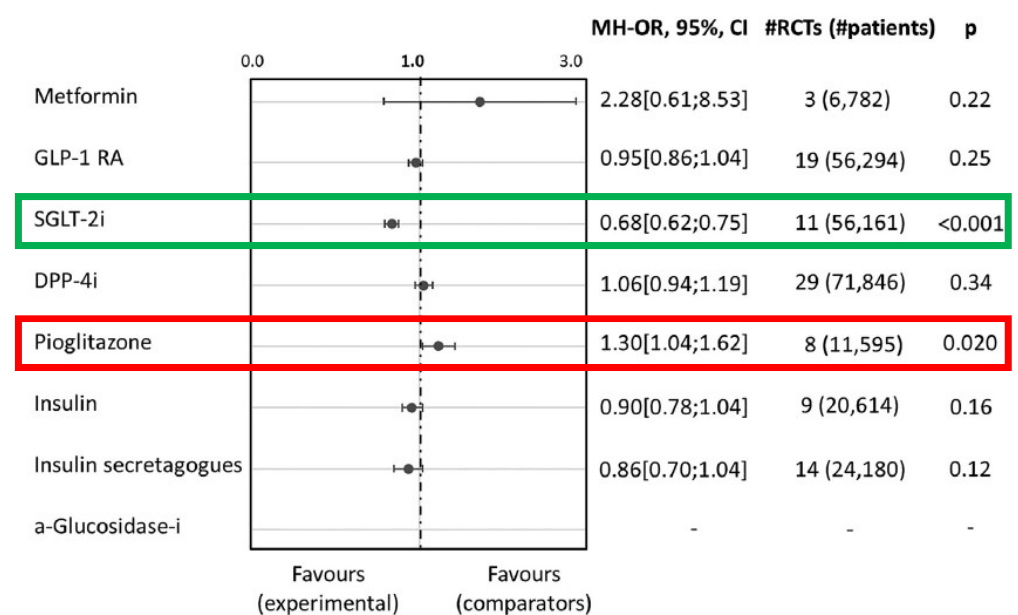
Italian guidelines for the treatment of T2DM

Evidence base for 2023 update

Major Cardiovascular Events

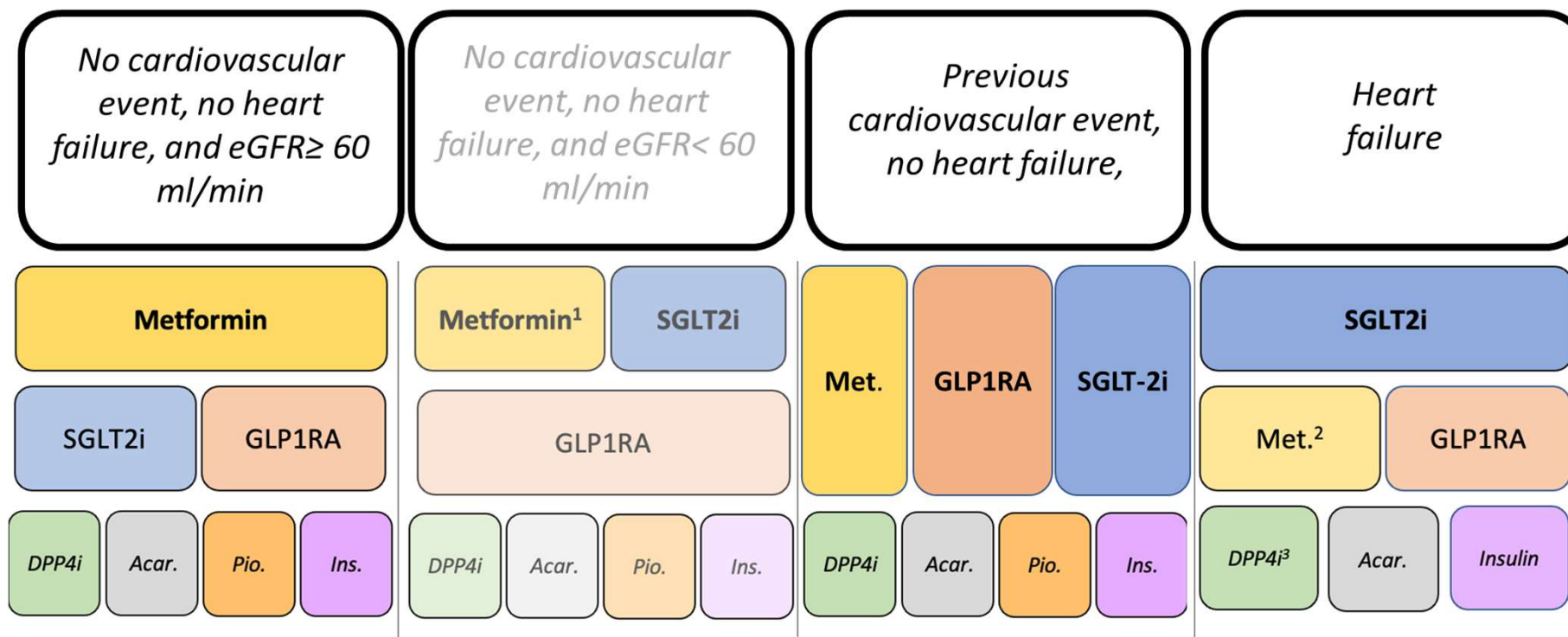


Hospitalizations for heart failure



Italian guidelines for the treatment of T2DM, 2023

Drug therapy



^{1,2} If metformin is not contraindicated.

³ With the exception of saxagliptin which is not indicated for patients with heart failure.

The recommendation for patients with eGFR < 60ml/min is weak (few studies on this population) and therefore is written with a lighter type

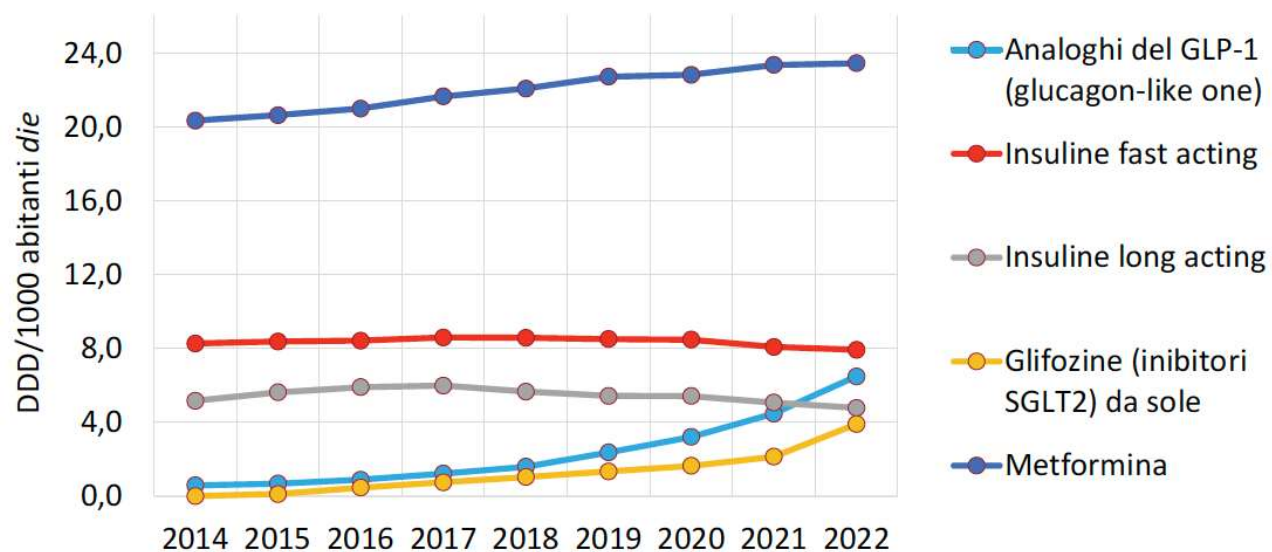
We recommend to deprecise sulfonylureas and glinides.

L'uso dei Farmaci in Italia

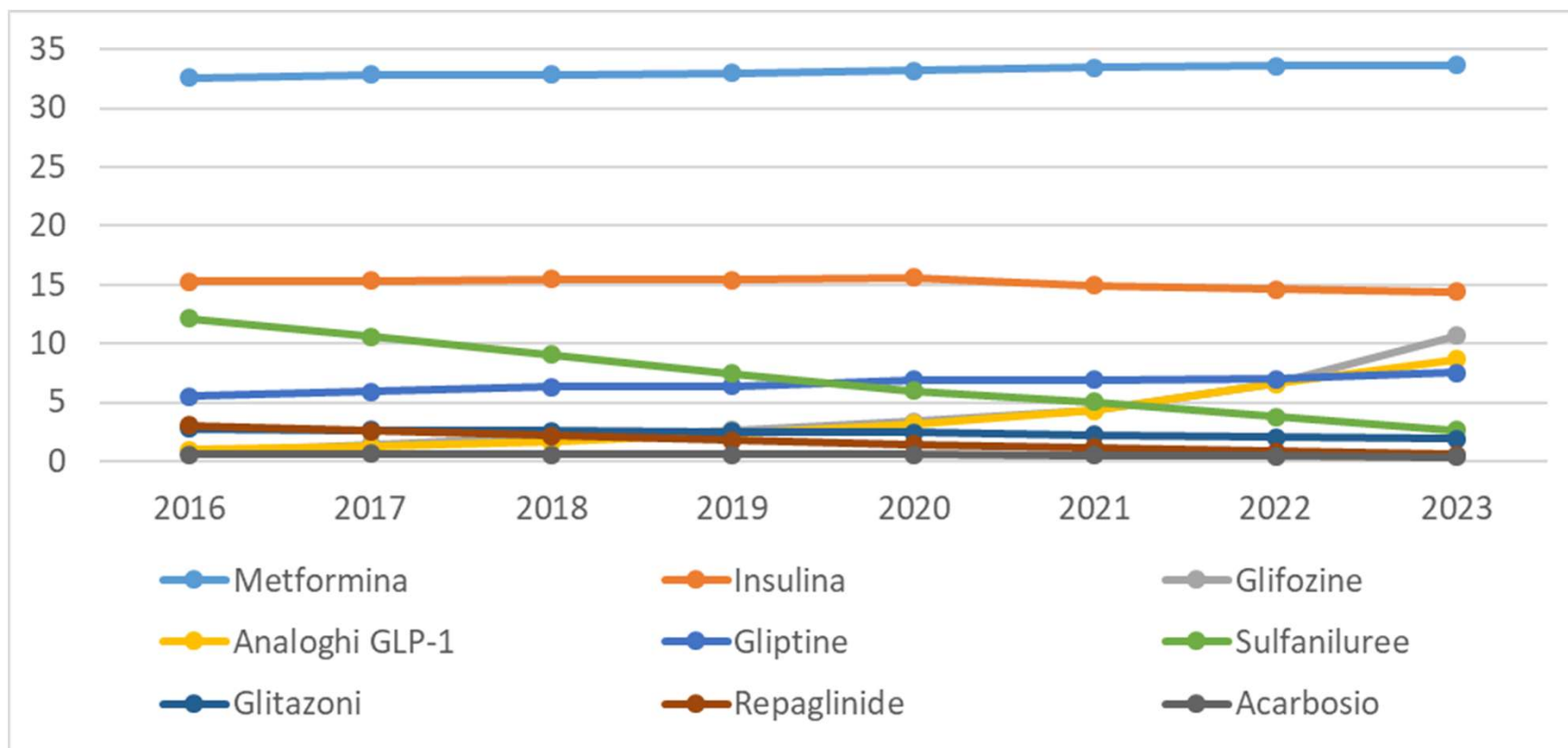
Rapporto Nazionale Anno 2022



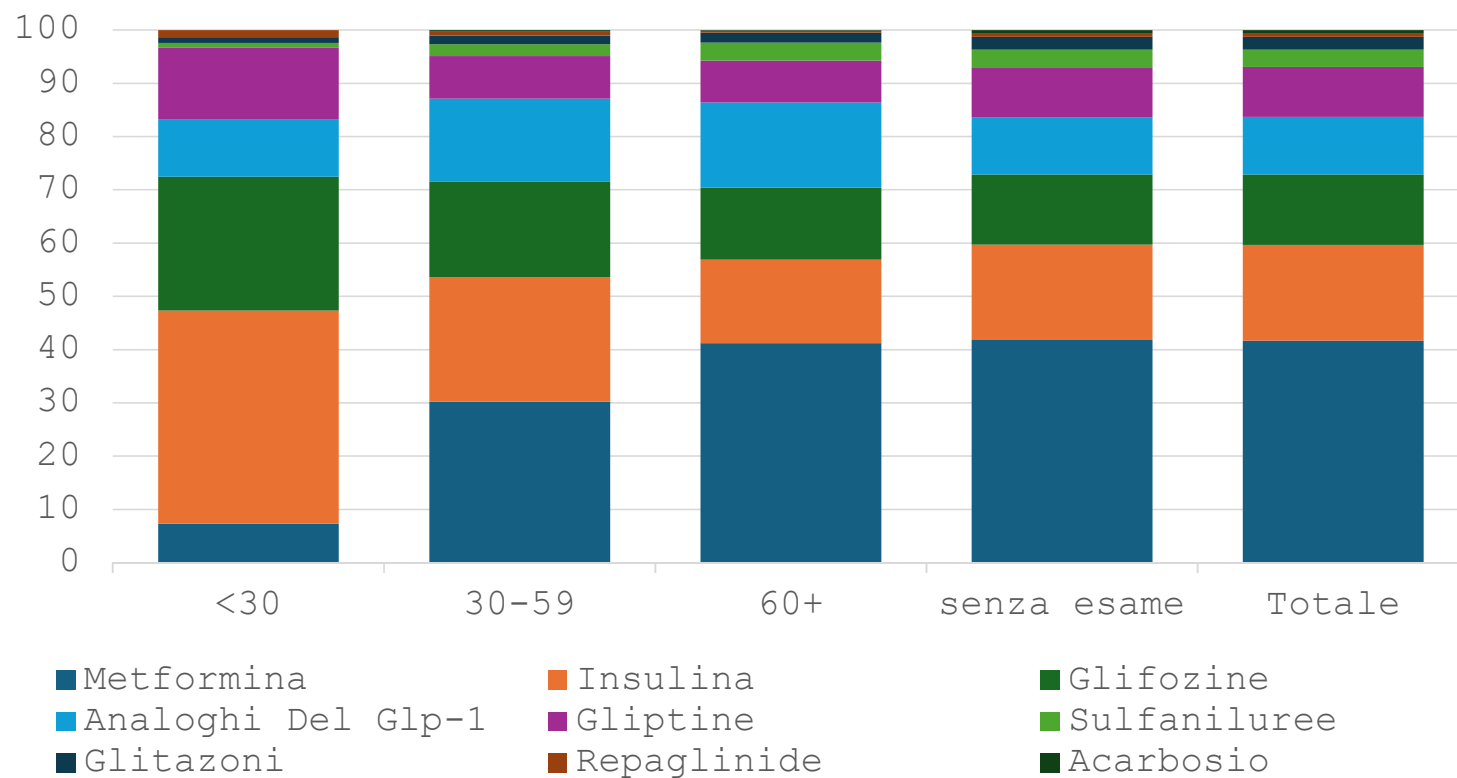
Figura 3.3.1b Antidiabetici, andamento temporale 2014-2022 del consumo (DDD/1000 abitanti *die*) dei sottogruppi a maggior spesa



Uso di farmaci per il diabete, DDD



Uso di farmaci per il diabete, DDD - per classi di eGH

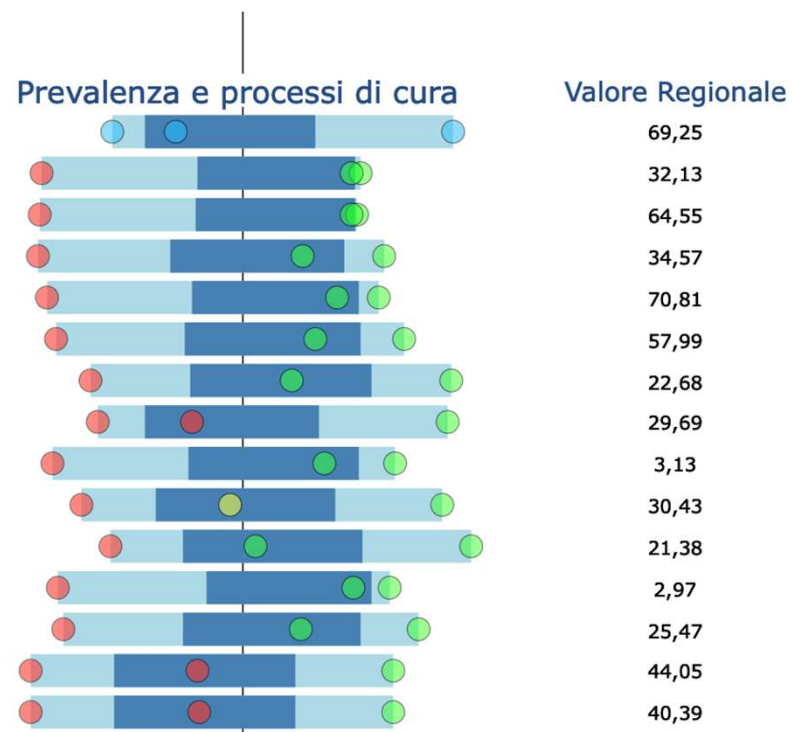


Indicatori di processo



Click per selezionare indicatore

Prevalenti diabete	<input type="radio"/>
2 emoglobina glicata	<input type="radio"/>
1 emoglobina glicata	<input type="radio"/>
Microalbuminuria	<input type="radio"/>
Creatinina	<input type="radio"/>
Profilo lipidico	<input type="radio"/>
ECG	<input type="radio"/>
Visita diabetologica	<input type="radio"/>
Televisita diabetologica	<input type="radio"/>
Visita o televisita diabetologica	<input type="radio"/>
Controllo oculistico	<input type="radio"/>
Visita piede diabetico	<input type="radio"/>
Aderenza LG diabete	<input type="radio"/>
Terapia con statine	<input type="radio"/>
Terapia con statine 16-84	<input type="radio"/>





LDL-cholesterol target levels achievement in high-risk patients: An (un)expected gender bias

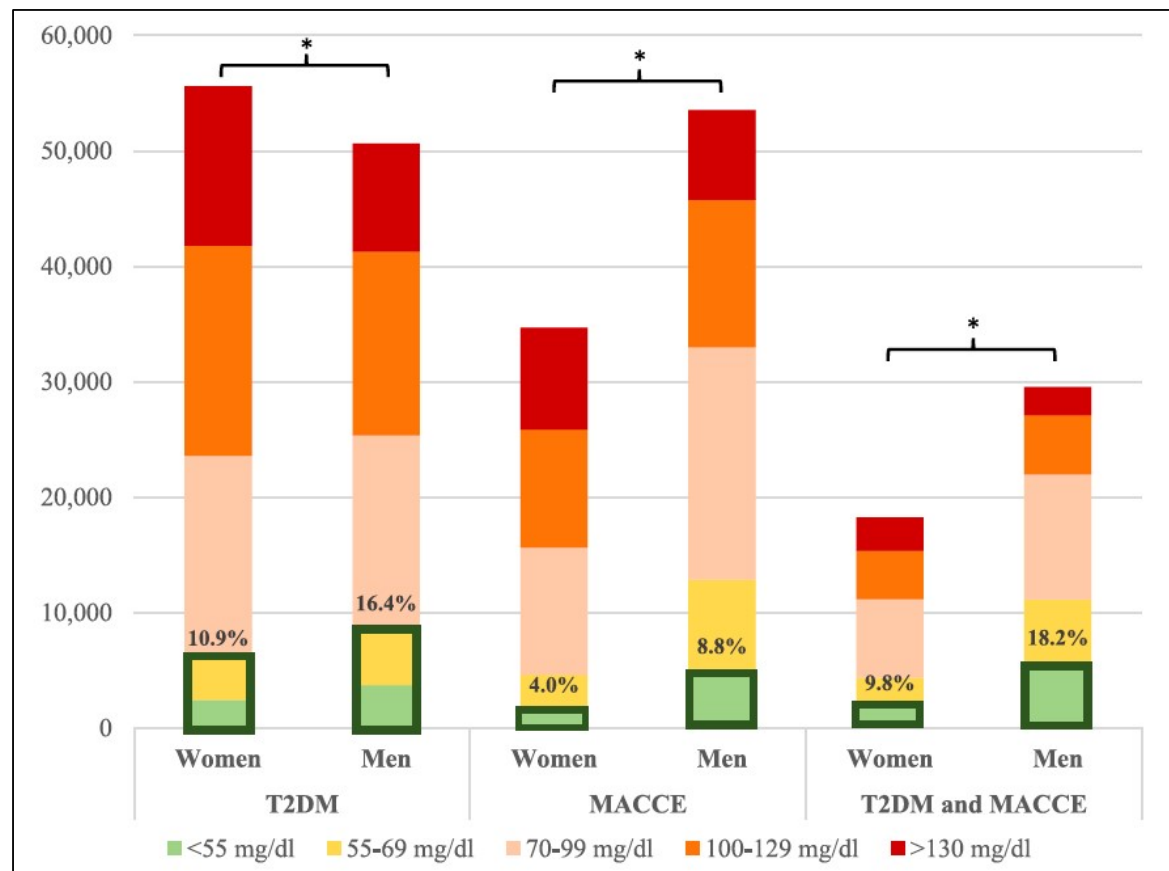
Martina Berteotti ^{a,*}, Francesco Profili ^b, Besmir Nreu ^c, Giancarlo Casolo ^d,
Alfredo Zuppiroli ^e, Edoardo Mannucci ^{a,c}, Rossella Marcucci ^a, Paolo Francesconi ^b

Tuscany Region

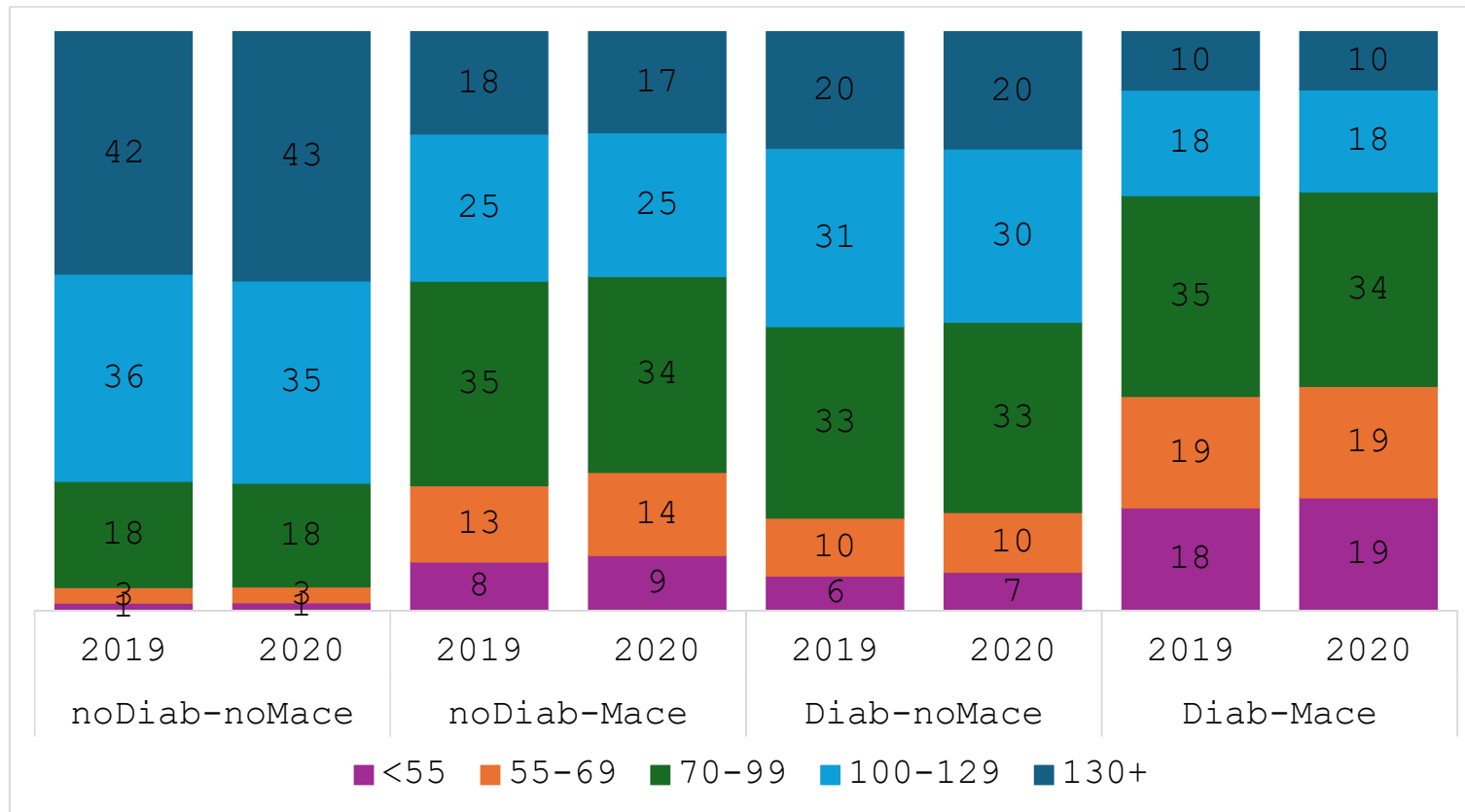
Outcome: attainment of treatment goals

Patients: population (N=1,727029) from selected districts, 2019-2021

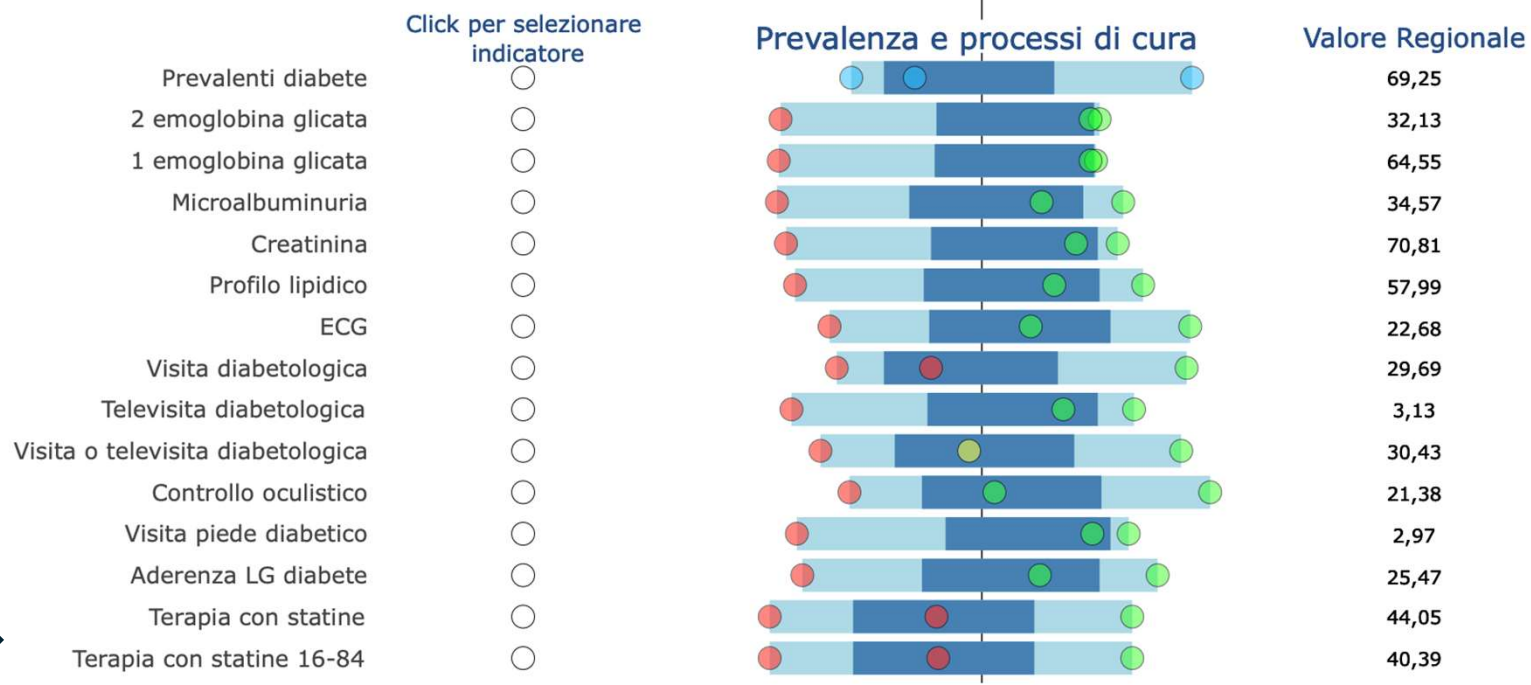
Method: Administrative databases, results of laboratory tests



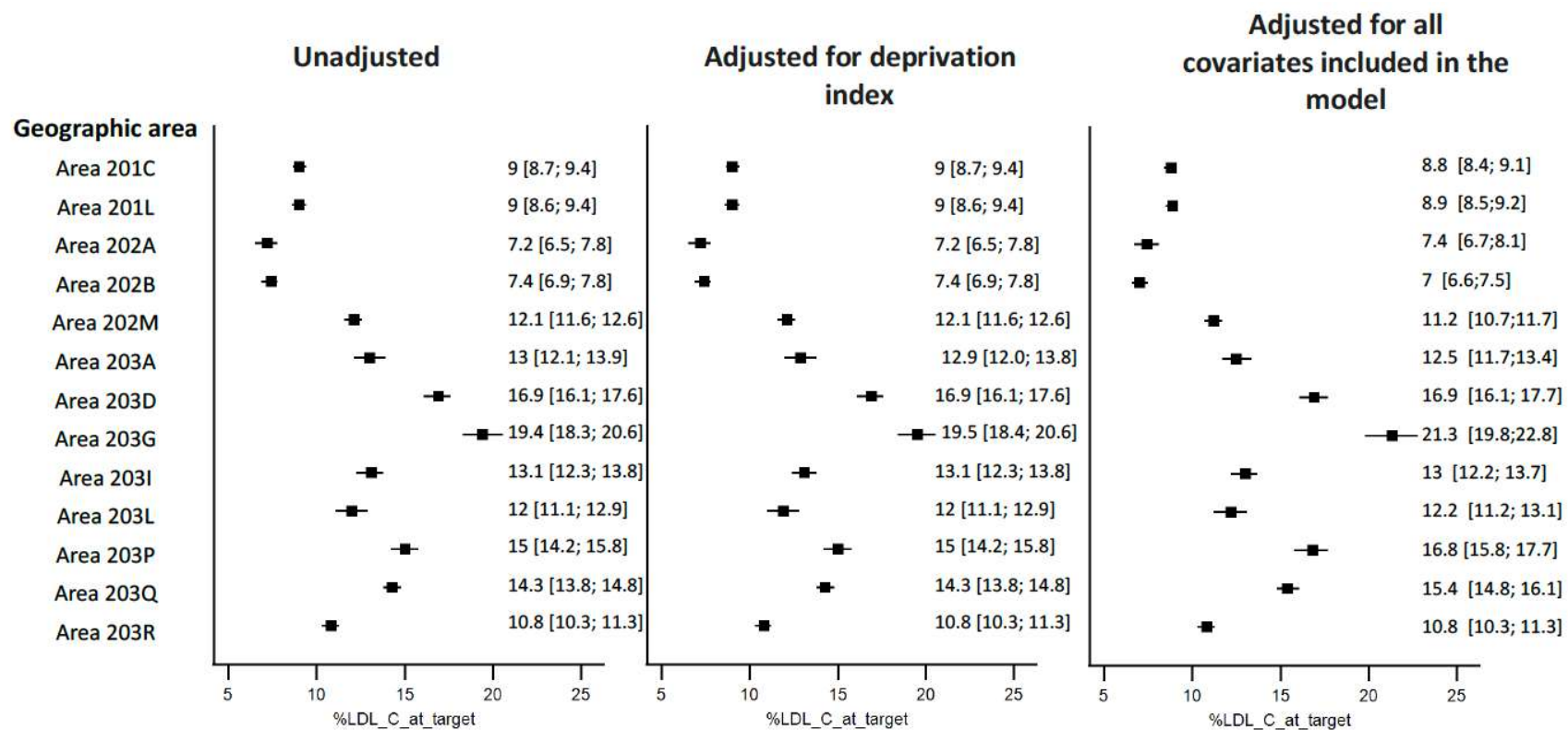
Proportion of subjects in different classes of LDL cho



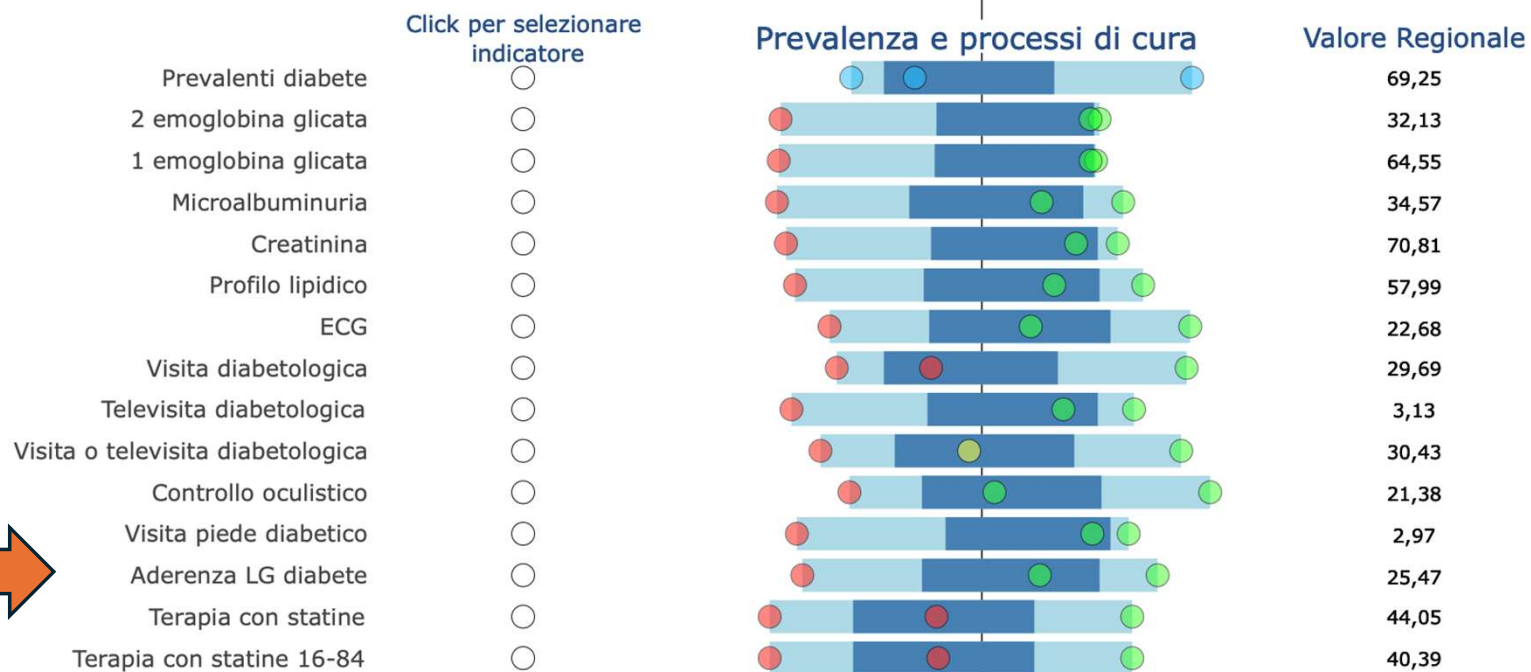
Indicatori di processo



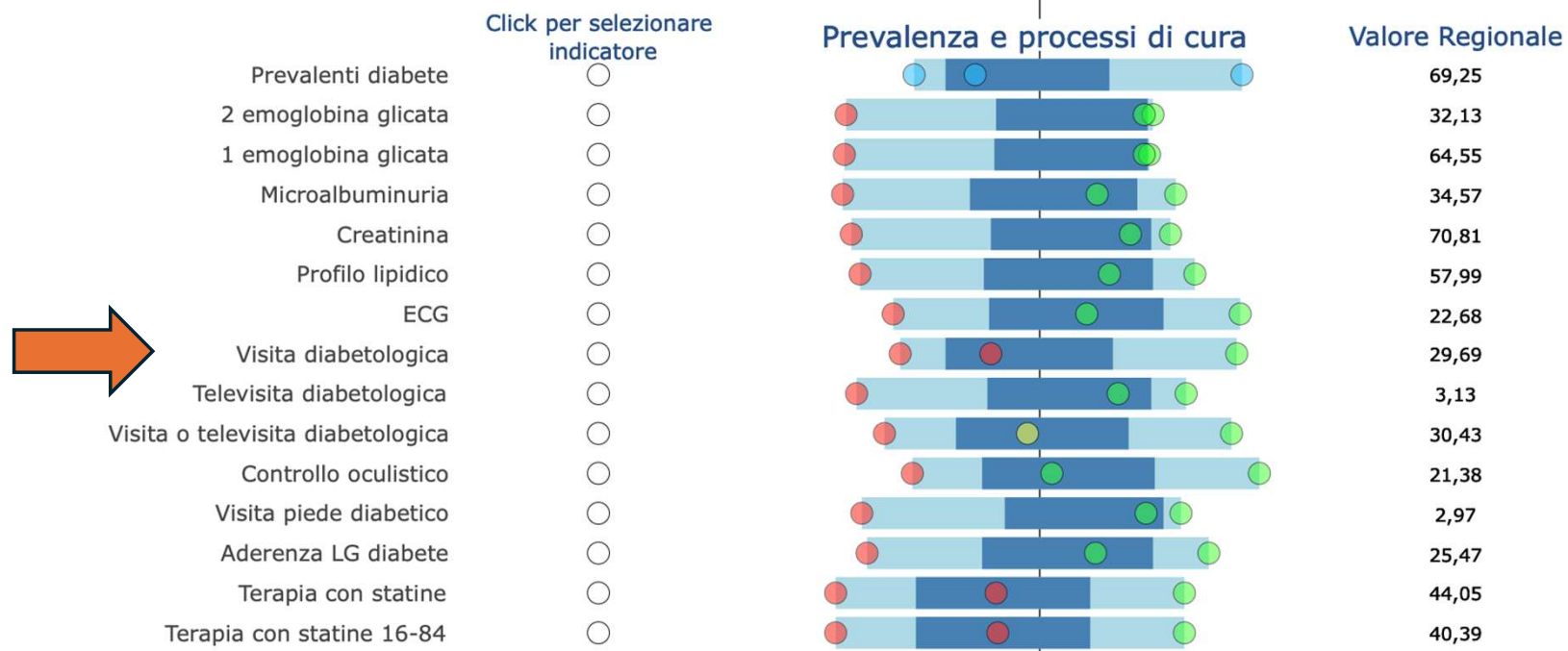
Geographic variability of attainment of LDL cholesterol goals in patients w



Indicatori di processo



Indicatori di processo



Appropriatezza della visita diabetologica: proporzione pazienti eleggibili

Popolazione	Eligibili	Visitati	%
Totale	71.946	27.387	38,1
<75 aa	39.158	17.278	44,1
75+ aa	32.788	10.109	30,8
Singoli criteri			
2 emoglobine sopra soglia	8.013	4.280	53,4
1 emoglobina sopra soglia 2%	3.855	1.987	51,5
terapia insulina	16.127	7.240	44,9
ricovero area medica	11.842	2.828	23,9
PS ipoglicemia	5	3	60,0
chemio o cortisone	7.989	1.492	18,7
GFR<45	12.706	3.874	30,5
terapia antidiabetica	11.409	5.683	49,8



Appropriatezza della visita diabetologica: proporzione visite appropriate

Popolazione	Visitati	Eligibili	%	Non eligibili*	%
Totale	40.571	23.806	58,7	16.765	41,3
<75 aa	26.200	14.922	57,0	11.278	43,0
75+ aa	14.371	8.884	61,8	5.487	38,2
Singoli criteri (possono averne più di uno)					
2 emoglobine sopra soglia	40.571	7.098	17,5		
1 emoglobina sopra soglia 2%	40.571	2.422	6,0		
terapia insulina	40.571	9.933	24,5		
ricovero area medica	40.571	4.709	11,6		
PS ipoglicemia	40.571	11	0,0		
chemio o cortisone	40.571	1.580	3,9		
GFR<45	40.571	4.816	11,9		
terapia antidiabetica	40.571	6.790	16,7		

