CARDIOVASCULAR RISK REDUCTION IN T2DM: Applying the Trial Data to Clinical Practice

1. WHY DOES IT MATTER

THE BIG PICTURE

- Cardiovascular Disease is the Leading Cause of Mortality in Patients with T2DM
- Diabetes Patients have 2-4X increased risk for heart disease mortality and morbidity
- 60% chance of dying from heart disease
- 280,000 heart attacks annually

GAP

Limited strategies to address cardiovascular risk—strict glycemic control not sufficient

CVOTs: A SURPRISING SOLUTION?

A Paradigm Shift in T2DM Management: From Glucose To Cardiovascular Outcomes:

BUT ANOTHER GAP...

More than 20 trials and counting... What do they mean? How can we 'translate' them and get over the confusion?

2. WHAT CLINICIANS NEED TO KNOW

Be aware of the prevalence and burden of cardiovascular comorbidities in patients with T2D
Understand the data behind practice-changing CVOTs
Interpret and apply the data to patient care

3. THE INTERVENTION

MULTI-MODAL INFOGRAPHIC ACTIVITIES: DIDACTIC LECTURES, CASE-BASED PRESENTATIONS

Live Satellite Symposium - CMHC Annual - October 2018
Enduring Online Activity - Launched January 19, 2019

- CV Comorbidities in T2DM Patients
- Review of Recent CVOT Results and Clinical Implications
- Individualization of Treatment in T2DM Patients with CVD
- CVOT Data in Your Clinical Practice: Patient Case

4. THE EDUCATION ENGAGED THE APPROPRIATE AUDIENCE

3,353 Learners
998 completions

Degree breakdown:
- 31% MD
- 12% PA
- 17% NP

Specialty breakdown:
- 28% Endocrinology
- 20% Cardiology
- 17% Other

5. RESULTS ACROSS LEARNING OBJECTIVES

Burden of CVD risk in T2DM patients (LO #1)

Pre-Score (n=1132)

Post-Score (n=480)

55%

81%

Cardiovascular Efficacy and Safety of GLP-1 RAs and SGLT-2 Inhibitors (LO #2)

Pre-Score (n=1132)

Post-Score (n=480)

55%

78%

Individualizing therapy for T2DM patients with CV risk according to latest evidence (LO #3)

Pre-Score (n=1132)

Post-Score (n=480)

66%

85%

6. PRACTICE CHANGES

- 58% Access Patients with T2DM in risk of CVD
- 47% Analyze new and ongoing CVOT results
- 47% Consider the use of SGLT-2 inhibitors and GLP-1 RAs for treatment of T2DM patients with CVD
- 51% Consider evidence-based guideline recommendations when individualizing therapy for patients with T2DM and CVD

7. WHAT IT MEANS

- Our Interactive, Multi-Modular, Infographic Activity Was Effective in Improving Clinician Knowledge and Competence
- 90% Intend to make changes or make changes to practice
- 90% Potential patient reach: 56,550 T2DM patients

Understanding of CVD burden in T2DM
Knowledge About New Strategies to Decrease CV Risk
Interpreting the Studies and What They Mean
Potential Improved Care for T2DM Patients with CVD

8. ONGOING EDUCATIONAL NEEDS

More trials coming out, more education needed
Potential mechanisms of action, specific populations, patients without T2DM or existing CVD

REFERENCES

- Robert H. Eckel MD (Chair)
- Deepak L. Bhatt MD MPH
- Lawrence Blonde MD
- Harold Bays MD

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