

Heart Disease and Diabetes:

# Top 5 Questions for Your Diabetes Team

Questions to ask your healthcare provider.

More than 34 million people in the U.S. have diabetes and another 88 million have prediabetes, which is defined as someone who is at risk for developing diabetes. People with diabetes are 50% more likely to suffer from a heart attack or stroke compared to someone without diabetes. This is especially important because heart disease is the top-rated cause of death in the U.S. Below are the 5 important questions that you should ask your diabetes care team.

For more information on your risk, visit [DiabetesEducator.org/HeartHealth](https://DiabetesEducator.org/HeartHealth).

## 1. What is my risk for heart disease?

- Your risk of heart disease is determined by certain factors such as high blood pressure, high cholesterol and smoking. Your diabetes care team will establish goals of therapy with you and recommend certain medications to manage these risk factors.
- Atherosclerotic cardiovascular disease (ASCVD) occurs when cholesterol accumulates in your arteries and eventually causes a heart attack or stroke.
- The American College of Cardiology developed a calculator to estimate your 10-year risk of developing ASCVD or dying from an ASCVD event.

## 2. What are the treatment options to reduce my risk for heart disease?

- Treating risk factors with statins, aspirin, ACE-inhibitors or ARBS will reduce your ASCVD risk.
- **Statins** are medications that reduce the amount of LDL (“bad”) cholesterol, which is responsible for ASCVD. These medications are well tolerated and taken once daily. Your diabetes care team will order lab tests to decide if a statin is right for you; however, most people with diabetes over the age of 40 will benefit from statin therapy.
- **Aspirin** lessens the body’s ability to make blood clots. Aspirin is recommended for people with ASCVD and those with a 10-year ASCVD risk greater than 10%.
- **ACE-Inhibitors and ARBs** are two medication classes that lower blood pressure. These medicines are similar and should never be used together. The blood pressure goal for most adults is less than 140/90 mmHg, or less 130/80 mmHg in select people.



### 3. What are the safety issues and benefits associated with each option?

- **Statin benefits:** Statins decrease heart attacks and strokes by 20% and reduce deaths by 12%.
- **Statin safety:** Muscle pain with statins is very rare. Only 5 in every 10,000 people treated with statins for 5 years experience muscle discomfort. If it occurs, the pain is usually found in the thighs or lower back (not the joints) and goes away after stopping the statin. Statins cause birth defects and should not be used in women who are pregnant or expecting to become pregnant.
- **Aspirin benefits:** Aspirin 81 mg (also known as baby aspirin) reduces ASCVD risk in individuals who already have heart disease and those at high risk.
- **Aspirin safety:** People with a history of allergic reactions or stomach bleeds from aspirin or other anti-inflammatory agents should speak with their diabetes care team before starting.
- **ACE-Inhibitor and ARB benefits:** These medications are often used first to treat high blood pressure in people with diabetes. Similar to statins, these medications are well tolerated and reduce heart attacks and stroke by 10% to 20%. Additionally, they reduce pressure in the kidneys and protect them from damage.
- **ACE-Inhibitor and ARB safety:** Both medications have few side effects. Some people experience a dry cough with ACE-inhibitors. This cough is not serious and is part of how ACE-inhibitors work. If the cough is bothersome, then you can switch to an ARB. Very rarely, some people experience swelling of the face or tongue (also called angioedema). If this occurs, contact your diabetes care team immediately. Both ACE-inhibitors and ARBs cause birth defects and should not be used in women who are pregnant or expecting to become pregnant.

### 4. What non-prescription herbal products are best for heart disease?

- According to the New England Journal of Medicine, an estimated 23,000 emergency department (ED) visits are caused by non-prescription herbal products each year. Of those 23,000 ED visits, 38% were due to herbal products for weight loss, energy and heart health. Like any drug, herbal therapies are not 100% safe. Herbal products can interact with prescription medications and worsen health conditions, so be sure to check with your pharmacist or doctor before taking any herbal product.

### 5. What changes can I make to help reduce my risk for heart disease?

- **Decrease salt intake:** People with diabetes should limit their sodium or salt intake to less than 2300 mg/day.
- **Stop smoking:** The diabetes care team should assess smoking status at every clinic visit. A 50% reduction in ASCVD risk occurs after just one year of quitting smoking.
- **Physical activity:** Physical activity improves blood glucose management and contributes to weight loss. A goal for all people with diabetes is to do moderate to vigorous physical activity for 150 minutes (biking, swimming, or running) spread out over 3 days of the week and resistance training (weight training, using resistance bands or exercises that use your own body weight to work your muscles) spread out over 2 days a week, unless there are contraindications.
- **Lose weight:** Weight loss is recommended for anyone with a body mass index (BMI) greater than 25 kg/m<sup>2</sup>. Although a 5% reduction is recommended, a sustained weight loss of 7% is ideal.