

## Pfizer Luncheon Symposium

Plenary Hall 2, Queen Sirikit National Convention Center, Bangkok  
Sunday, November 29, 2009  
12:00-13.30 hr.

### Optimal Lipid Treatment in DM Patients

Chairperson: Dr. Yupin Benjasuratwong (Thailand)  
Speaker: Prof. Peter Jans Lansberg (Netherlands)

People with diabetes mellitus (DM) continue to have alarmingly high morbidity and mortality. In Asia, more than 125 million people are having diabetes, while young Asians with diabetes are having a 4-fold risk of death from heart disease.

The plasma lipid levels in diabetics are among the key factors that are amenable to intervention. The spectrum of dyslipidemia in DM can include all the various types of dyslipidemia identified in the general population, and the impact of controlling these lipid abnormalities is substantial.<sup>1</sup>

In the Collaborative Atorvastatin Diabetes (CARDS) Study, significant reductions in MI, stroke and coronary revascularizations were shown.<sup>2</sup> Post hoc analysis of the Treatment to New Targets (TNT) Study and the Greek Atorvastatin Evaluation in Coronary Heart Disease Evaluation (GREACE) Study showed similar benefits in patients with diabetes and pre-existing cardiovascular disease treated with high doses of Atorvastatin.<sup>2-3</sup> Tolerability and safety was not significantly different when compared with the placebo group and 10 mg Atorvastatin group respectively in both trials. In contrast with patients on placebo or low dose Atorvastatin, those using high dose Atorvastatin showed no deterioration and even improved renal function, reflected by significantly increased creatinine clearance.<sup>4-5</sup>

A global risk factor management approach, aiming for guideline dictated targets was evaluated in the Steno-2 trial. The impressive results were based on better control of lipids, blood pressure and plasma glucose. Although it was estimated that Lipid-lowering treatment accounted for the major reduction of cardiovascular events, pharmacological regimens with statins and blood pressure-lowering medications are most likely to have the biggest impact on cardiovascular risk reduction followed by the effects of blood glucose-lowering agents and aspirin.<sup>6-8</sup>

### References:

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