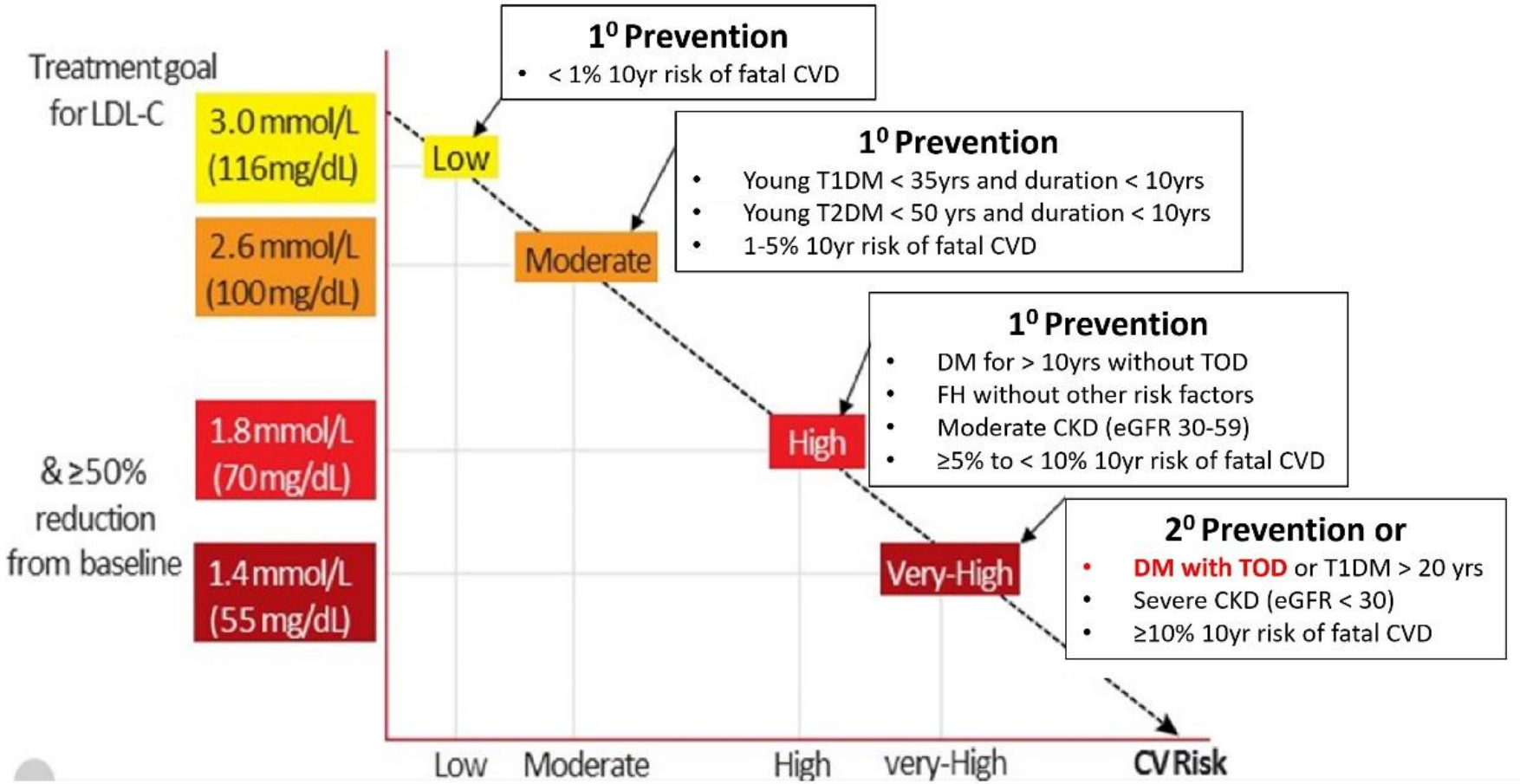
ESC 2019: Treatment Targets for LDL-C across CV risk categories



Blood pressure Guidelines

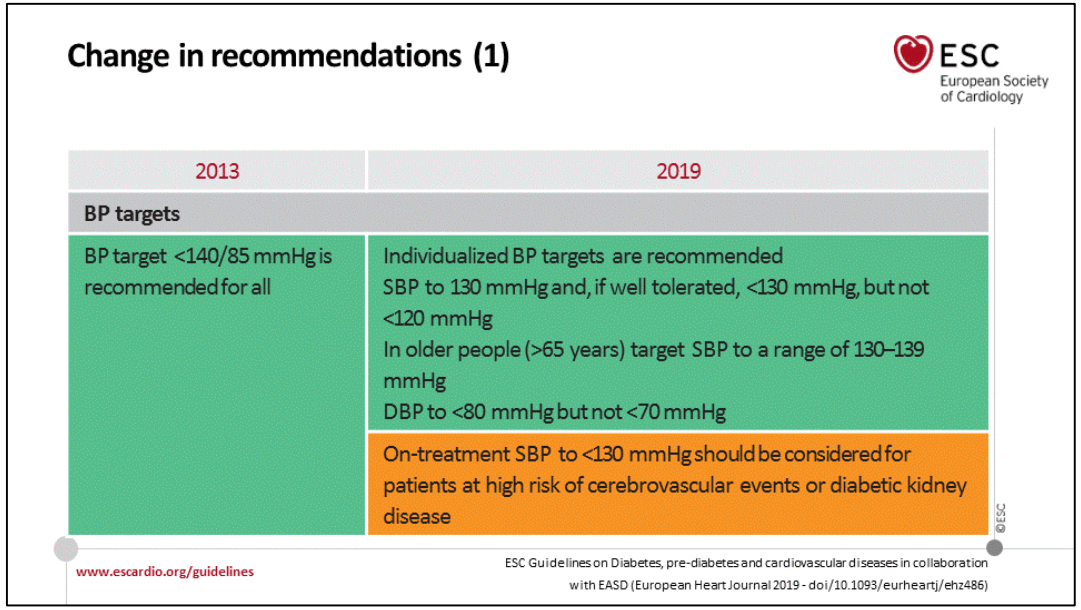
NICE guideline [NG136]

1.4.20 **Reduce clinic blood pressure to below 140/90 mmHg** in adults with hypertension aged under 80. (below 150/90 if aged over 80)

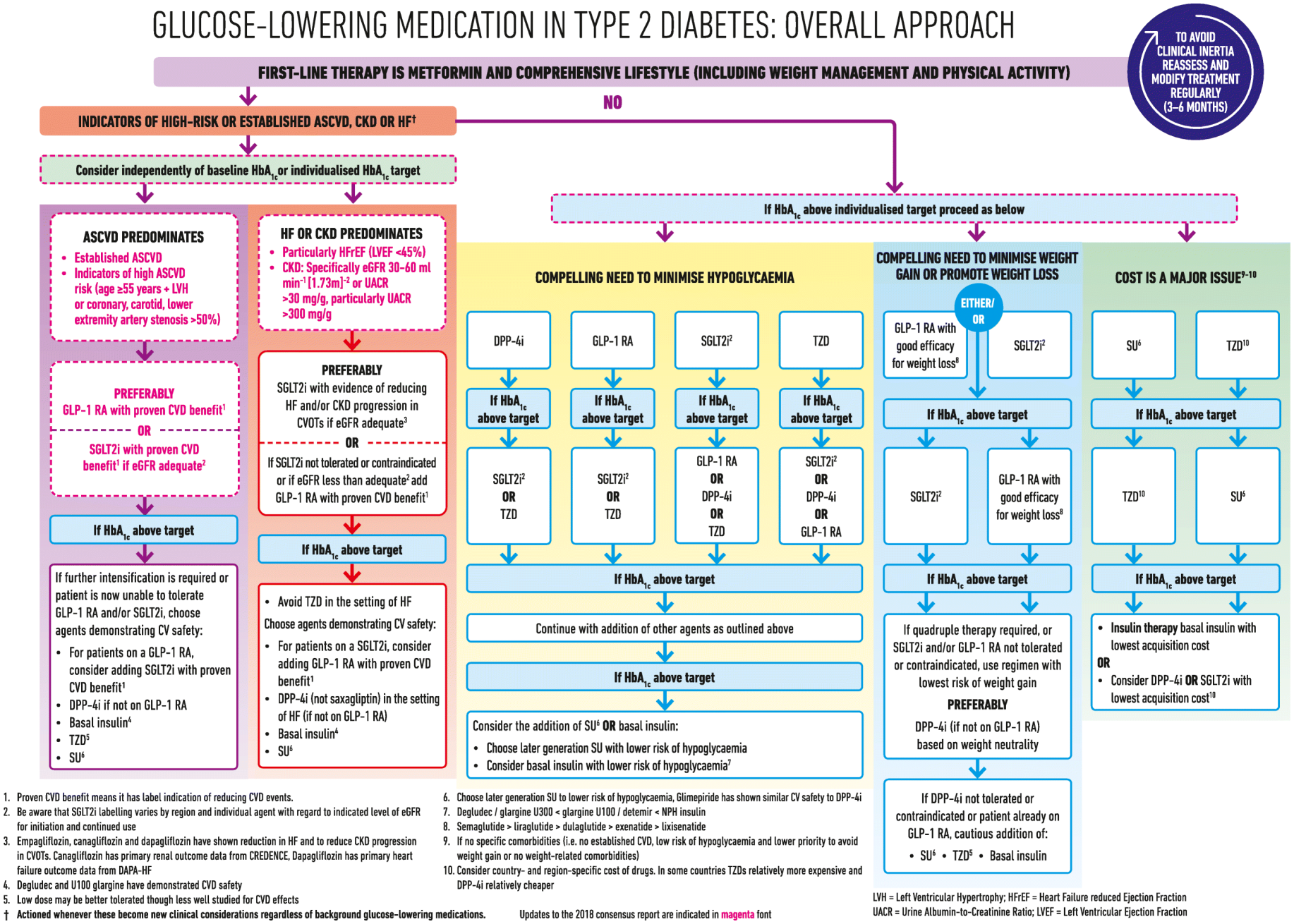
1.4.22 **When using ABPM or HBPM** to monitor the response to treatment in adults with hypertension, use the average blood pressure level taken during the person's usual waking hours. Reduce and maintain blood pressure at the following levels:

•below 135/85 mmHg for adults aged under 80

•below 145/85 mmHg for adults aged 80 and over.



GLUCOSE-LOWERING MEDICATION IN TYPE 2 DIABETES: OVERALL APPROACH



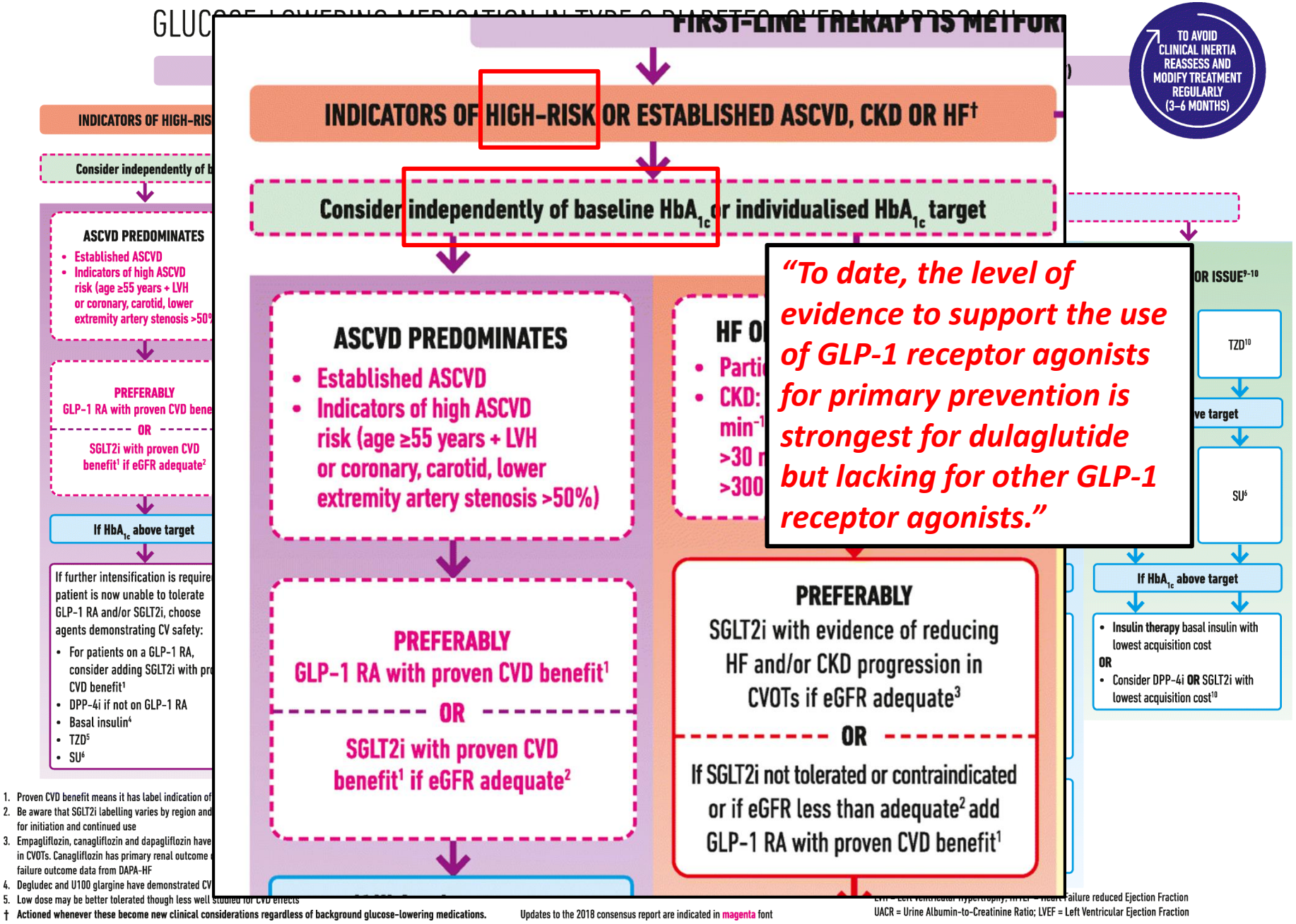
1. Proven CVD benefit means it has label indication of reducing CVD events.
2. Be aware that SGLT2i labelling varies by region and individual agent with regard to indicated level of eGFR for initiation and continued use
3. Empagliflozin, canagliflozin and dapagliflozin have shown reduction in HF and to reduce CKD progression in CVOTs. Canagliflozin has primary renal outcome data from CREDENCE, Dapagliflozin has primary heart failure outcome data from DAPA-HF
4. Degludec and U100 glargine have demonstrated CVD safety
5. Low dose may be better tolerated though less well studied for CVD effects
6. Choose later generation SU to lower risk of hypoglycaemia, Glimepiride has shown similar CV safety to DPP-4i
7. Degludec / glargine U300 < glargine U100 / detemir < NPH insulin
8. Semaglutide > liraglutide > dulaglutide > exenatide > lixisenatide
9. If no specific comorbidities (i.e. no established CVD, low risk of hypoglycaemia and lower priority to avoid weight gain or no weight-related comorbidities)
10. Consider country- and region-specific cost of drugs. In some countries TZDs relatively more expensive and DPP-4i relatively cheaper

† **Actioned whenever these become new clinical considerations regardless of background glucose-lowering medications.**

Updates to the 2018 consensus report are indicated in magenta font

LVH = Left Ventricular Hypertrophy; HFrEF = Heart Failure reduced Ejection Fraction
UACR = Urine Albumin-to-Creatinine Ratio; LVEF = Left Ventricular Ejection Fraction

Buse J.B et al. 2019 update to: Management of hyperglycaemia in type 2 diabetes, 2018. A consensus report by the American Diabetes Association (ADA) and the European Association for the study of diabetes (EASD). Diabetes Care 2020;43:487-493



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