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EPIDEMIOLOGY AND PREVENTION

Impact of Diabetes Mellitus on Hospitalization for Heart Failure, Cardiovascular Events, and Death

Outcomes at 4 Years From the Reduction of Atherothrombosis for Continued Health (REACH) Registry

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Background— Despite the known association of diabetes mellitus with cardiovascular



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diabetes mellitus.^{4,6} This disparity is of particular importance given the high prevalence of diabetes mellitus. Epidemiological studies from the United States have shown that clinical outcomes in patients with diabetes mellitus have improved over time, but the increased prevalence of diabetes mellitus has resulted in an increase in the absolute rate of complications from diabetes mellitus.^{5,6} Similar increases in incidence have also been seen across the world. As a result, the international prevalence of diabetes mellitus is expected to continue to rise as risk factors for diabetes mellitus become more common.^{7,8}

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Despite the high prevalence and clear association of diabetes mellitus with adverse events, there are few contemporary data on the long-term outcomes from an international cohort of patients with diabetes mellitus. Prior studies have suggested that diabetes mellitus is associated with an increase in risk that is of a magnitude similar to that of the presence of known atherothrombosis.⁹ Uncertainty about the current long-term outcomes of stable patients with diabetes mellitus has led to significant debate over whether diabetes mellitus is truly a risk equivalent to coronary artery disease in this population.^{10,11} Furthermore, prior studies have suggested that diabetes mellitus may be associated with an increased risk of heart failure.¹² However, it remains unclear whether this association is attributable to causal effects of diabetes mellitus or to other coexisting medical conditions (eg, hypertension, coronary artery disease, renal dysfunction).^{13,14} Thus, we sought to use the Reduction of Atherothrombosis for Continued Health (REACH) registry to describe current long-term cardiovascular outcomes, including hospitalization for heart failure, and to identify predictors of these cardiovascular events in an international cohort of patients with diabetes mellitus.

