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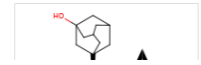
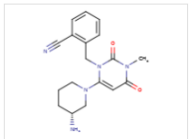
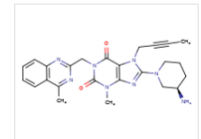
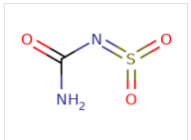
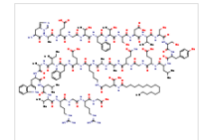


Articles

Glucose-lowering drugs or strategies, atherosclerotic cardiovascular events, and heart failure in people with or at risk of type 2 diabetes: an updated systematic review and meta-analysis of randomised cardiovascular

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Two classes of diabetes drugs, GLP-1 receptor agonists and SGLT2 inhibitors, have shown efficacy in reducing cardiovascular risk among patients with type 2 diabetes. Broadly considered to have varying effects, GLP-1 receptor agonists have mainly been shown to reduce atherosclerotic cardiovascular events, whereas SGLT2 inhibitors seem to affect the cardiorenal axis, reducing hospital admission for heart failure and showing renoprotection, with both drug classes having varying effects on cardiovascular death.^{1, 2} The mechanisms driving cardiovascular risk reduction for either drug class remain elusive without a clear understanding of whether the heterogeneity in observed effects is due to differences between specific drugs, duration of study follow-up, the extent of established atherosclerotic cardiovascular disease, heart failure, or chronic kidney disease among the populations studied, or varying effects on cardiometabolic factors (eg, blood pressure, heart rate, circulating plasma volume). Clarification of this heterogeneity could further our understanding of which factors most affect cardiovascular risk in patients with type 2 diabetes, direct research towards other populations to study, and guide drug development.

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