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Biomarkers

PONTIAC (NT-proBNP Selected PreventiOn of cardiac eveNts in a populaTion of dlabetic patients without A history of Cardiac disease)

A Prospective Randomized Controlled Trial

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intervention did not result in a decrease of the biomarker. **We therefore conclude that NT-proBNP is an excellent marker to select diabetic patients at risk of cardiac events, but more research is needed to guide the treatment using this biomarker, which has been proven to be effective in selected cohorts in heart failure (25,26).**

The treatment combination seems safe, based on the lack of any adverse events requiring hospitalization during the study. Interestingly, the glycemic control achieved was significantly better in the intensified group. Although there was an aggressive up-titration of RAS antagonists and beta-blockers in an already well-treated population, there were no discontinuations of therapy or hospitalizations due to hypotensive symptoms or for worsening renal function. Among the reasons for this unexpected safety may be the individualized, slow but steady titration phase, which took up to 3 months. Another reason might have been the possibility to contact the outpatient department for advice if side effects emerged. It is worth noting that the glomerular filtration rate significantly decreased in the intensified group, which is a known and accepted effect of RAS inhibition (17,27).

that based on the low event rates in a population with low NT-proBNP the number to treat would be substantially higher than in the population presented in the PONTIAC trial.

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