



Article

Heart Failure in Patients with Diabetes Mellitus

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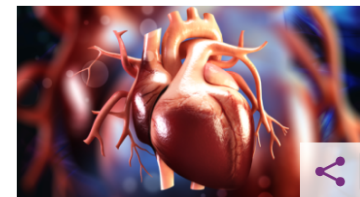
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Both population studies and clinical trials have demonstrated that diabetes mellitus significantly increases the risk of recurrent hospitalisations for heart failure and the duration of hospital stay in patients with heart failure, and it is associated with a significantly higher mortality compared with those without diabetes.¹¹

In the Candesartan in Heart failure – Assessment of Reduction in Mortality and Morbidity (CHARM) programme the presence of diabetes mellitus was associated with a twofold increase of either death or the composite outcome of cardiovascular death or hospitalisation for heart failure in insulin users, and a 50 % increase risk in non-insulintreated diabetics.³

Diabetic patients with both reduced and preserved left ventricular ejection fraction show increased mortality and morbidity rates compared with patients without diabetes. This increased risk is also observed in those diabetic patients of either ischaemic or non-ischaemic origin. Of interest, the prognostic importance of diabetes mellitus becomes weaker in hospitalised patients for acute heart failure; suggesting that in these patients the prognosis depends more on the severity of cardiac decompensation rather than on metabolic abnormalities.

The Treatment of Heart Failure in Diabetics

No randomised clinical trials have been conducted to test the effect of cardiovascular interventions (drugs and/or devices) in diabetic patients with heart failure. However, abundant evidence suggests that all interventions effective at improving prognosis in patients with heart failure are equally beneficial in patients with and without diabetes.¹²

Beta-blockers and angiotensin-converting enzyme inhibitors are beneficial in patients with diabetes mellitus and their use is associated with reduced mortality and hospitalisations. Angiotensin II receptor blockers have shown similar efficacy in heart failure patients with and without diabetes.

Although non-selective beta-blockers may have a negative effect on glycaemic control and increase the risk of future diabetes, and these effects may be less frequent with the more selective agents like bisoprolol, carvedilol and nebivolol, there is no reason to suggest a preferential use of a beta-blocker over another on the basis of the

