



Cardiovascular Disease in Type 2 Diabetes Backgrounder

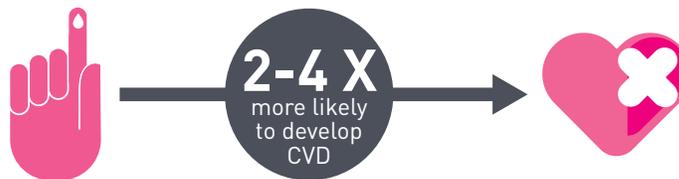
Cardiovascular disease is the leading cause of death in people with type 1 diabetes (T1D) and type 2 diabetes (T2D)¹

Approximately 29 million Americans² and an estimated 387 million people worldwide³ have type 1 or type 2 diabetes, and nearly 28 percent of Americans with diabetes—totaling 8 million people—are undiagnosed.² T2D is the most common type, accounting for an estimated 90 to 95 percent of all diagnosed adult diabetes cases in the U.S.² As treatment of diabetes has improved, the goal of treatment has broadened from preventing death and relieving symptoms, to reducing the risk of complications.⁴ In 2014, diabetes caused 4.9 million deaths worldwide,⁵ with cardiovascular disease (CVD) as the leading cause.¹ Approximately 50 percent of deaths in people with T2D worldwide are caused by CVD.^{5,6}



People with T1D and T2D are more likely to develop CVD¹

People with T1D and T2D are two to four times more likely to develop CVD than people without diabetes.¹ CVD risk for those with these conditions increases for several reasons. Uncontrolled diabetes can harm blood vessels, making them even more likely to be damaged by high blood pressure (hypertension) and the build up of fatty deposits on artery walls (atherosclerosis).¹ Even when glucose levels are controlled, diabetes still has a high association with other conditions that increase the likelihood of developing CVD.⁷



Condition such as high blood pressure and obesity, which are common in people with T1D and T2D, also increase the risk of developing CVD.¹ High blood pressure is more than twice as common in people with T1D and T2D, and people with these conditions and high blood pressure are twice as likely to have a stroke compared to those with just high blood pressure.¹

T1D and T2D are associated with a two- to three-fold greater risk of heart failure, and an increased risk of heart attack or stroke compared to people without diabetes.¹ Following a heart attack or stroke, people with T1D and T2D have a worse prognosis than those without diabetes.⁸ Reducing CV risk in T1D and T2D may require a holistic approach. A combination of changes to lifestyle habits and medical treatment could help reduce the risk of developing CVD.

References

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