

ABSTRACT

Should the 4th ESC/EASD Guidelines on Diabetes and CVD Management change our clinical practice?

In this presentation I review the 2020 published joint guidelines of the the European Society of Cardiology (ESC) and the European Association for the Study of Diabetes (EASD), that address managing cardiovascular risk in individuals with diabetes. These joint guidelines are an update of the previous 3rd ESC/EASD guidelines. The last seven years has witnessed a rise in the use of three new classes of hypoglycaemic agents, namely the SGLT-2 inhibitors, the GLP-1 receptor agonists and the DPP4-inhibitors. For these new agents to obtain FDA and European medical licences all have undergone rigorous randomised clinical trials (RCTs).

The evidence base for the 2020 4th ESC/EASD Guidelines are derived from these industry funded RCTs that do by enlarge show cardiovascular protection as well as hypoglycaemic efficacy. With the SGLT-2 inhibitors having impressive cardiovascular and renal protective benefits. However, whether it is time to consider these newer agents as first line therapies in those most at risk of cardiovascular disease, before any true health economic analysis or longitudinal data from real life world studies is debatable. While those of us working in diabetes have gained extensive experience of when to use and not use these newer agents, most patients with type 2 diabetes will be looked after by non-diabetes specialists in primary care. Where many of the older, frailer patients with complex social and mental health needs are looked after but would not have been included in the Evidence based RCTs that form the 2020 4th ESC/EASD Guidelines.

BIOG

Professor Anne Dornhorst

Anne is a Consultant Diabetes Physician and Professor of Practice at Imperial College London. Anne qualified in medicine from Oxford University and completed her postgraduate training in diabetes and endocrinology at the Johns Hopkins Hospital in Baltimore, USA and at St Mary's Hospital, London. Anne practices as a consultant physician both in highly specialised hospital diabetic services as well as providing clinical support for community diabetes nurses and district nurse who provide more general diabetes care closer to home. Anne has a good understanding around the politics and health economic concerning health service delivery having been a board member for a large health care commissioning group in SW London, for many years. Anne also has a long history of working with The National Institute for Health and Care Excellence (NICE) that provides national guidance and advice to improve health and social care in England. Anne is currently working with NICE on updating the Type 1 guidelines