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Medical Therapy: New Horizons of Diabetic Therapies

Announcer:
Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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Dr. Hamburg:
I'm pleased to be speaking to you today. My name is Naomi Hamburg, and I'm a Cardiologist and Professor of Medicine at Boston University Chobanian and Avedisian School of Medicine in Boston. And I'm going to talk to you today about new horizons of diabetes therapies for patients with peripheral artery disease, and we're really at an exciting moment where we have new options for treating diabetes in patients with PAD that actually reduce major adverse cardiovascular events and limb events.

We all know from taking care of patients with PAD that those who have diabetes are at particularly high risk. And this is some data that demonstrates that. This is data from the EUCLID trial, and it shows that patients with the combination of PAD and diabetes are particularly high risk. So the blue line is patients who have diabetes, and the red line is patients who do not have diabetes. And those with diabetes have a 1.5-fold higher risk of a combination of cardiovascular and limb events. And when you look particularly at amputation, those with diabetes have an 80% higher risk of amputation than those without diabetes.

So what do the new guidelines tell us about how to best reduce this risk? So thinking about this in a patient context, a 65-year-old woman who has diabetes, coronary disease, and PAD, so polyvascular disease, reports leg fatigue with walking, has an ABI of 0.7, and is already treated with metformin. What do the guidelines tell us about what agents to add? So thinking historically, we thought largely about glucose lowering, and that's still on this guideline in the 2b recommendation. In patients with PAD and diabetes, we think about glycemic control. But I like the new guidelines now move us beyond thinking about glycemic control in general and looking at what therapies have particular evidence. So the Class 1 recommendation with level of evidence A based on multiple randomized trials, is that patients who have PAD, along with diabetes, we should be considering the use of glucagon-like peptide-1 agonists, liraglutide and semaglutide, as well as sodium-glucose cotransporters, or SGLT-2 inhibitors, including canagliflozin, dapagliflozin, and empagliflozin, which are effective to reduce the risk of MACE, or major adverse cardiovascular events.

There's also a Class 1 recommendation to manage diabetes as a team. And this is important because we want to think about ourselves, all of us who are taking care of patients with PAD, as being critically important in the overall group of individuals managing diabetes.

What specific evidence do we have from the newer cardiometabolic therapies in PADs focusing on GLP1 receptor agonists and SGLT2 inhibitors? There's evidence from randomized trials with liraglutide and semaglutide that there was a reduction in major adverse cardiovascular events in patients with type 2 diabetes that included patients with PAD. There's also a subgroup analysis suggesting that liraglutide lowers amputation risk, and based on the SELECT trial, which came out after the publication of the guidelines, semaglutide lowers major adverse cardiovascular events and obesity and atherosclerotic cardiovascular disease, including about 4% of the patient population had PAD.

What about SGLT2 inhibitors? There's numerous trials across multiple agents showing a reduction in major adverse cardiovascular events, including in patients with PAD combined with type 2 diabetes. Importantly relevant to PAD, meta-analysis, as well as observational data, shows that there's not an increased risk of amputation. These are safe agents to use in patients with PAD. And those who have heart failure particularly gain benefit from reduction of heart failure events.

So I think we're in a beyond the horizon, showing that before we thought about diabetes as treating glucose and PAD as treating athero, but I now think about treating the atherosclerotic disease in PAD by treating diabetes with selected agents including GLP1 receptor agonists and SGLT2 inhibitors that have been shown to reduce major adverse cardiovascular events.

Thank you so much for your attention to this topic and for your care of patients with PAD.

Announcer:
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