

Evaluating cardiovascular risk in the doctor's office

Douglas Villarroel

Cardiovascular disease is the leading cause of morbidity and mortality among people with diabetes mellitus. Multifactorial interventions, such as those targeting hyperglycaemia, hypertension and hypercholesterolemia, reduce the risk of both fatal and non-fatal cardiovascular disease. Doctors who treat diabetes should spend more time looking into what is being done to reduce these risks.

I cannot stop thinking about the statistics and the immense risk of having heart disease every time I see a patient with diabetes. I worry even

more when many of them are only being tested for cardiovascular risk when they are symptomatic, knowing that atypical symptoms or silent ischemia are more common in the diabetic population.

Doctors do not always evaluate patients with diabetes with the same standard. This happens either due to the routine nature of a typical workday or the repetition of the same recommendations patient after patient, or simply because of tiredness. There are also many people with diabetes who are complacent in self-management care as time

passes. People might hear about cardiovascular risks from their doctor, but it is remembered only in theory and not put into practice. In order to not miss opportunities to lower the cardiovascular risk, management of lifestyle habits—which includes healthy diet, physical activity and smoking cessation, among others—must be an important issue in the conversation between doctors and patients in every visit and become the first measure of prevention.



Douglas Villarroel
is Editor-in-Chief of *Diabetes Voice*.