

Diabetic patients require global care

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Diabetes mellitus-associated coronary artery disease (CAD) is assuming epidemic proportions, especially in western countries. Both coronary revascularization and medical management have improved tremendously over the last decade and the respective role in the diabetic population is not well defined. This aspect was investigated in the BARI 2D study*.

The results of the BARI 2D trial demonstrate that diabetic patients with stable CAD need more than just stents or grafts, namely a global care including, in addition to coronary revascularization, aggressive cardiovascular risk factor management and life style changes. In the presence of an excellent compliance, a strategy based on initial medical management followed by coronary revascularization if clinically indicated is a good option for diabetic patients with stable CAD.

A total of 2368 [diabetic patients](#) with stable CAD and qualifying for coronary revascularization were randomized to optimal medical therapy or revascularisation – either with coronary artery bypass grafting (CABG) or percutaneous coronary intervention (PCI) – in addition to optimal medical therapy. Primary end points of the study were the 5-year rate of death and major cardiovascular events (MACE) defined as a composite of death, myocardial infarction or stroke. Survival and MACE-free survival at follow-up did not differ between the revascularisation group and the medical therapy group. At 5 years, 42% of the patients randomised to medical management did require coronary revascularisation. Both groups were characterized by an excellent compliance with respect to medical therapy.

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