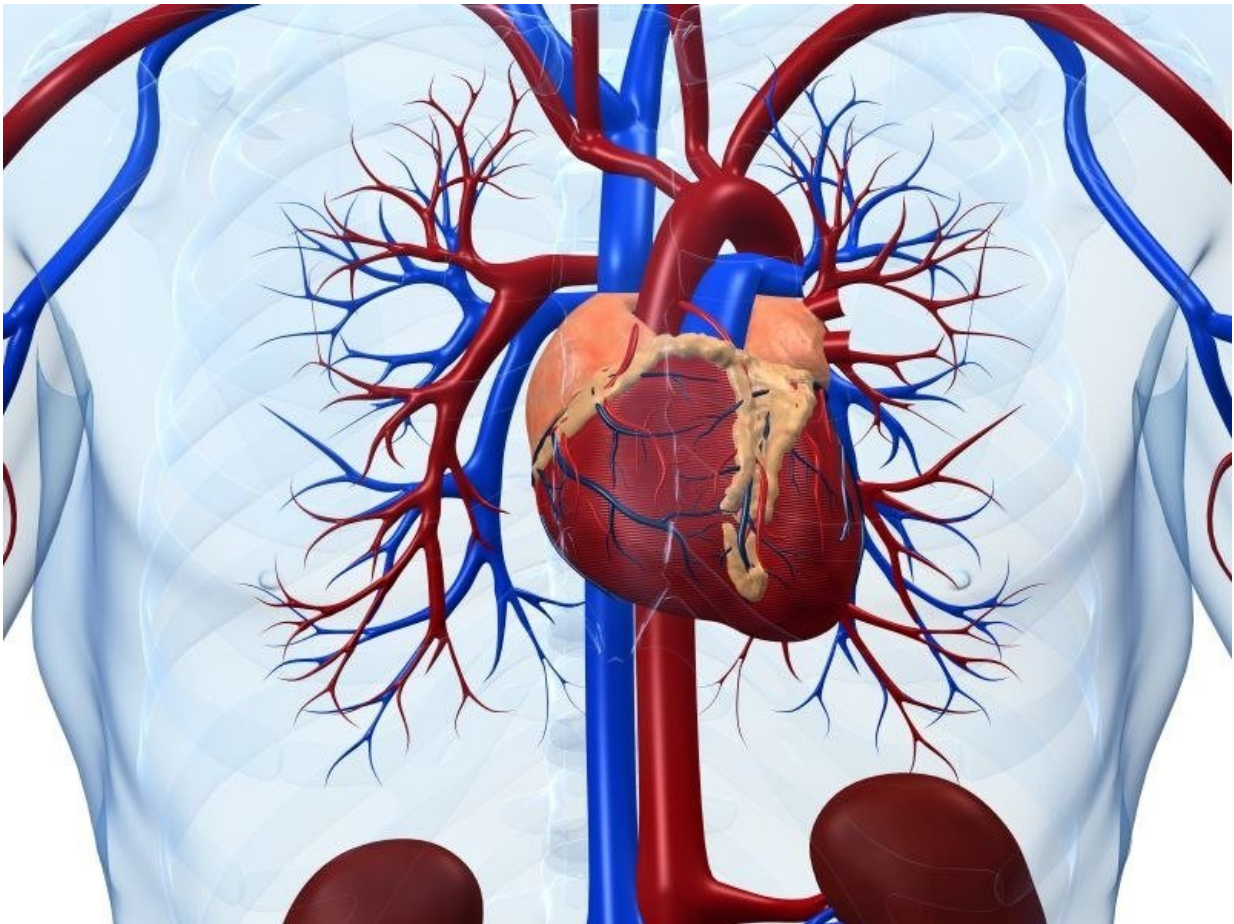


Elevated NT-proBNP found to up cardiovascular risk in T2DM

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(HealthDay)—Elevated baseline N-terminal B-type natriuretic peptide

(NT-proBNP) is independently associated with development of major cardiovascular (CV) events, in particular hospitalization for heart failure, according to a study published online May 30 in *Diabetes Care*.

Petr Jarolim, M.D., Ph.D., from Brigham and Women's Hospital in Boston, and colleagues examined the prognostic implications of changes in NT-proBNP concentration in patients with type 2 diabetes and ischemic [heart](#) disease enrolled in the Examination of Cardiovascular Outcomes with Alogliptin versus Standard of Care trial. Eligible patients had type 2 diabetes and a recent acute coronary syndrome event.

The researchers identified a strong graded correlation between increasing baseline and six-month NT-proBNP concentration and the incidence of major CV events. NT-proBNP at baseline was independently linked to development of major CV events, in particular hospitalization for [heart failure](#), after adjustment for potential confounders. Compared to patients in whom NT-proBNP remained low at both time points or who had a high NT-proBNP at baseline that subsequently declined, individuals with persistently high NT-proBNP or those who developed high NT-proBNP at six months were at significantly higher risk for CV death/heart failure.

"Serial monitoring of NT-proBNP in patients with type 2 diabetes and [ischemic heart disease](#) may be useful for identifying patients at highest risk for heart failure," the authors write.

Several authors disclosed financial ties to pharmaceutical companies, including the Takeda Global Research and Development Center, which supported the trial.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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