

Not all patients with type 2 diabetes receive appropriate care to prevent cardiovascular diseases

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A new study from the University of Eastern Finland finds gaps and gender differences in current type 2 diabetes management. Type 2

diabetes is often accompanied by elevated cholesterol levels, but many patients do not receive appropriate cholesterol-lowering treatment, according to the study conducted among type 2 diabetes patients in North Karelia, Eastern Finland.

Type 2 diabetes is a major risk factor of cardiovascular diseases, such as coronary artery disease and heart failure, as well as premature death. To prevent or at least delay complications, regular health care visits and good control of blood glucose, low-density lipoprotein cholesterol (LDL-C) and other risk factors are needed.

A new study from the University of Eastern Finland shows that LDL-C control and statin prescriptions remain suboptimal in [clinical practice](#)—despite guidelines recommending consistently to treat elevated LDL-C with statins at moderate- to high-intensity. The study analyzed [electronic health records](#) of 8,592 type 2 diabetes patients in North Karelia, Eastern Finland, who visited primary and specialized care services between 2012 and 2017.

The researchers analyzed LDL-C values over time and identified four groups with different trajectories. The majority of patients (86%) had relatively stable LDL-C values at moderate levels and only a few patients showed a significant increase (3%) or decrease (4%) during the follow-up. However, the second-largest group (8%) consisted of patients with alarmingly "high-stable" LDL-C levels at around 3.9 mmol/L.

The "high-stable" LDL-C group had the lowest proportions of patients on moderate- and high-intensity [treatment](#) as well as any statin treatment. The proportion of patients receiving any statin treatment even decreased from 42% to 27% among men, and from 34% to 23% among women between 2012 and 2017.

"We observed significant [gender differences](#) in care processes and

outcomes," says Early Stage Researcher Laura Inglin from the University of Eastern Finland. "In all the trajectory groups, women had significantly higher average LDL-C levels and received any statin treatment and high-intensity treatment less frequently than men."

The study identified significant heterogeneity regarding longitudinal care processes, outcomes, and treatments, pointing out gaps in current [diabetes](#) management. Efforts to control LDL-C should be increased—especially in patients with continuously elevated levels—by initiating and intensifying statin treatment earlier and re-initiating the treatment after discontinuation if possible.

More information: Laura Inglin et al, LDL-cholesterol trajectories and statin treatment in Finnish type 2 diabetes patients: a growth mixture model, *Scientific Reports* (2021). [DOI: 10.1038/s41598-021-02077-6](https://doi.org/10.1038/s41598-021-02077-6)

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