People with diabetes and cognitive decline may be at higher risk for heart disease

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People with type 2 diabetes who have cognitive impairment could be at greater risk for stroke, heart attack or death than other individuals with diabetes, according to a new study published in the Endocrine

Society's *Journal of Clinical Endocrinology and Metabolism*.

Cognitive impairment is when a person has trouble remembering, learning new things, concentrating or making decisions that affect their everyday life. More than 16 million people in the United States are living with cognitive impairment, and age is the biggest risk factor. Cognitive impairment ranges from mild to severe and has been associated with Alzheimer's disease, heart disease, stroke and diabetes.

"Our study found low scores on cognitive tests predicted heart disease in people with diabetes and other heart risk factors," said co-author Hertzel C. Gerstein, M.D., of McMaster University in Hamilton, Canada. "Although the explanation for this remains unclear, proven heart medications should be offered to these patients to reduce their future risk of a heart attack or stroke."

The researchers assessed the relationship between cognitive function and future cardiovascular events in 8,772 people with type 2 diabetes from the REWIND trial during more than five years of follow up. They found that people with the lowest level of cognitive function had a higher risk of heart attack and stroke than those with higher levels of cognitive function.

People with severe cognitive impairment were up to 1.6 times more likely to experience major adverse cardiovascular events, and 1.8 times more likely to experience a stroke or die compared to people without cognitive impairment. These findings suggest cognitive function could predict a person's future risk of heart disease.

More information: Tali Cukierman-Yaffe et al, Novel Indices of Cognitive Impairment and Incident Cardiovascular Outcomes in the REWIND Trial, *The Journal of Clinical Endocrinology & Metabolism* (2022). DOI: 10.1210/clinem/dgac200

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