Absent pulses up risk of major vascular outcomes in T2DM

4 October 2016

(HealthDay)—For patients with type 2 diabetes, absent dorsalis pedis and/or posterior tibial pulses are associated with increased risk of major vascular outcomes, according to a study published online Sept. 27 in Diabetes Care.

Kamel Mohammedi, M.D., Ph.D., from the University of Sydney, and colleagues used data from 11,120 patients with type 2 diabetes to assess the absence of dorsalis pedis and posterior tibial pulses as predictors of major macrovascular and microvascular events, death, and cognitive decline.

The researchers found that after multiple adjustment, compared with present pulses, absent pulses correlated with increased five-year risks for major macrovascular events (hazard ratio (HR), 1.47), myocardial infarction (HR, 1.45), stroke (HR, 1.57), cardiovascular death (HR, 1.61), heart failure (HR, 1.49), all-cause mortality (HR, 1.48), major microvascular events (HR, 1.17), nephropathy (HR, 1.24), end-stage renal disease or renal death (HR, 2.04), and peripheral neuropathy (HR, 1.13). Comparable hazard ratios were seen for participants with absent dorsalis pedis or posterior tibial pulses. There were proportional increases in risks in association with the number of absent peripheral pulses, with the highest risks seen for three or four absent pulses. The risks of all outcomes were increased with every additional absent pulse.

"These simple clinical indicators should be used to improve risk stratification and treatment of these patients," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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