已罹患動脈硬化性疾病或屬於心血管疾病高危險群的糖尿病人的治療指引

The treatment algorithm for diabetes patients with established or high risk of ASCVD

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Cardiovascular disease is a leading cause of death among patients with diabetes, and individuals with established atherosclerotic cardiovascular disease (ASCVD) and diabetes are at high risk for recurrent major adverse cardiovascular events(MACE). Two classes of antihyperglycemic medications, with the demonstrated advantage of reducing MACE among individuals with type 2 diabetes and established ASCVD or at high risk for ASCVD, have emerged in dedicated cardiovascular outcomes trials: glucagon-like peptide 1 receptor agonists (GLP-1RAs) and sodium-glucose cotransporter 2 (SGLT2) inhibitors.

Among commercially available GLP-1RAs, reduction in MACE has been demonstrated in randomized clinical trials of once-daily dosed liraglutide and once-weekly injections of GLP-1RAs: semaglutide, albiglutide, and dulaglutide. Studies of extended-release exenatide and lixisenatide have demonstrated their safety but not their superiority in reducing MACE. In addition to standard of care and largely independent of hyperglycemic outcomes, the use of GLP-1Ras has demonstrated mean relative risk reduction in MACE by 12%, cardiovascular death by 12%, all-cause mortality by 12%, stroke by 16%, myocardial infarction by 9%, and composite kidney events by 17% (driven by improvements in albuminuria) in meta-analysis of cardiovascular outcome

trials. In addition, GLP-1Ras have a favorable safety profile and have been associated with substantial weight loss. GLP-1RAs appear to be a safe, well-tolerated therapy that can improve cardiovascular outcomes, largely independent of their anti-hyperglycemic properties.