



Revista Clínica Española

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CLINICAL UP-DATE

Clinical decisions in patients with diabetes and other cardiovascular risk factors. A statement of the Spanish Society of Internal Medicine



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Received 27 October 2013; accepted 15 December 2013

Available online 3 March 2014

KEYWORDS

Cardiovascular diseases;
Primary prevention;
Secondary prevention;

Abstract Although the mortality associated to cardiovascular diseases (CVD) has been reduced in the last decades, CVD remains the main cause of mortality in Spain and they are associated with an important morbidity and a huge economic burden. The increasing prevalence of obesity and diabetes could be slowing down the mortality reduction in Spain. Clinicians have often difficulty making clinical decisions due to the multiple clinical guidelines available. Moreover, in the current context of economic crisis it is critical to promote an efficient use of diagnostic

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◇ The components of the SEMI Working Group are listed in Appendix A to the end of work.

Diabetes mellitus;
Obesity;
Hypertension;
Dyslipidemia;
Platelet aggregation

PALABRAS CLAVE

Enfermedades
cardiovasculares;
Prevención primaria;
Prevención
secundaria;
Diabetes mellitus;
Obesidad;
Hipertensión;
Dislipidemia;
Agregación
plaquetaria

and therapeutic proceedings to ensure the viability of public health care systems. The Spanish Society of Internal Medicine (SEMI) has coordinated a consensus document to answer questions of daily practice with the aim of facilitating physicians' decision-making in the management of diabetes and cardiovascular risk factors from a cost-efficiency point of view.

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Decisiones clínicas en pacientes con diabetes y otros factores de riesgo cardiovascular. Una declaración de la sociedad española de medicina interna

Resumen Aunque la mortalidad asociada a enfermedades cardiovasculares (ECV) se ha reducido en las últimas décadas, las ECV siguen siendo la causa principal de mortalidad en España y están asociadas a una morbilidad importante y una enorme carga económica.

La creciente prevalencia de obesidad y de diabetes podría estar frenando la reducción en la mortalidad en España. Los médicos suelen tener mucha dificultad en la toma de decisiones clínicas debido a las múltiples guías clínicas disponibles. Por otro lado, en el contexto actual de la crisis económica es imprescindible promover un uso eficaz de los procedimientos diagnósticos y terapéuticos para garantizar la viabilidad de los sistemas de salud pública. La Sociedad Española de Medicina Interna (SEMI) ha desarrollado un documento de consenso para responder a las dudas que surgen en la práctica rutinaria con el objetivo de facilitar a los médicos la toma de decisiones en el control de la diabetes y en los factores de riesgo cardiovascular desde el punto de vista de la rentabilidad.

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Introduction

Cardiovascular diseases (CVD) are still the leading cause of death worldwide,¹ being the first cause of death in the Spanish population.² In addition, CVD are responsible for high social and economical burden, including direct costs related to the use of health resources for the diagnosis and treatment of the various forms of CVD, and indirect cost derived from early mortality, absenteeism from work, family care or disability.³ Among the direct costs, and according to the Spanish Ministry of Health, CVD ranks first in drug consumption (considering the percentage of defined daily dose (DDD) over the total of therapeutic groups).⁴ Atorvastatin, enalapril and simvastatin are included among the ten top active ingredients in number of vials/packages prescribed.⁵

Cardiovascular mortality rates in Spain have decreased over the last decades. This reduction could be explained by a better control of risk factors and the use of evidence-based treatments.⁶ It is generally accepted that the prevention of CVD – and CVD related mortality – is based on the detection and control of modifiable risk factors, such as hypercholesterolemia, hypertension, diabetes mellitus (DM) or overweight.⁷ In Spain, the most important achievements contributing to mortality reduction have been the better control of cholesterol levels and blood pressure.^{8,9} However, other risk factors have not followed this beneficial trend. The increases in body mass index (BMI) in men, smoking in women, and diabetes mellitus (DM) in both sexes¹⁰ could be slowing down the mortality reduction in Spain.

In the CVD-related burden settings, multiple documents have been written to help clinicians in their daily clinical

decision making. These documents include clinical practice guidelines (CPG), recommendations and algorithms based on the available clinical evidence. In light of this wide amount of documentation, the difficulty for clinicians of being properly informed in their clinical practice is understandable. For this reason, the Spanish Society of Internal Medicine (SEMI) has coordinated an experience and knowledge exchange of experts, to help the clinicians to make decisions and solve questions of the daily practice, providing a practical approach to patients with potential cardiovascular risk (CVR). This document is not intended to increase the already available information. Considering the current situation of the health system, and in line with other similar initiatives from American scientific societies,^{11,12} this statement pretends to promote the effective use of procedures or medications in the management of CV risk factors, identifying practices that are not often necessary and which may cause detrimental effects.

Methodology

A panel of experts conducted a comprehensive analysis of the scientific literature related to diabetes and other CVR factors. This expert panel comprised 51 internal medicine physicians specialized in diabetes and CVD. Five of the 51 internists acted as coordinators and 8 as moderators. After reviewing the existing evidence each moderator proposed the key issues to be discussed by the experts. The 5 coordinators defined 21 relevant questions concerning diabetes and CVR factors, and proceeded to review and select the most pertinent bibliography which was sent to the experts

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