

ASCVD is the leading cause of mortality in diabetic patients.¹

Help I Prevent CVD
complications by holistic Diabetic Management



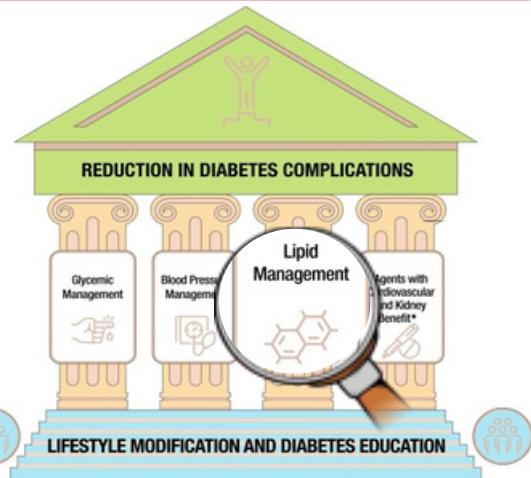
*ASCVD - Atherosclerotic Cardiovascular Disease

Complete the circle in diabetic care intervention with

GUIDELINE RECOMMENDATION



Cardiovascular Disease and Risk Management in Diabetes



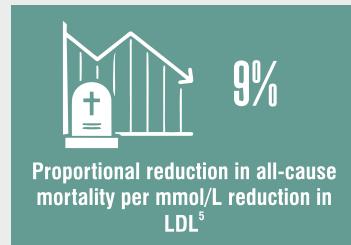
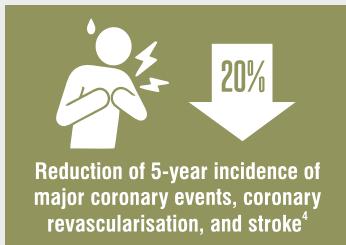
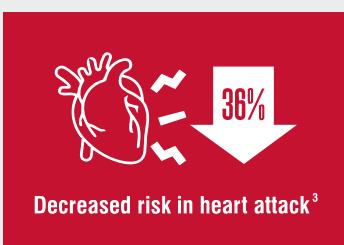
Multifactorial approach to reduction in risk of diabetes complications. *Risk reduction interventions to be applied as individually appropriate. - Diabetes Care. 2023 Jan.; 46(Suppl 1): S159

Lipid Management is a major pillar in reducing Diabetic complications and achieving the right treatment goals. It is important to note that Cardiovascular disease of Artherosclerotic origin is the leading cause of mortality among diabetics.

According to ADA guidelines, a statin medication is recommended for all diabetic patients between the ages of 40-75, regardless of LDL level.² The primary goal is an LDL cholesterol <70 mg/dl.¹

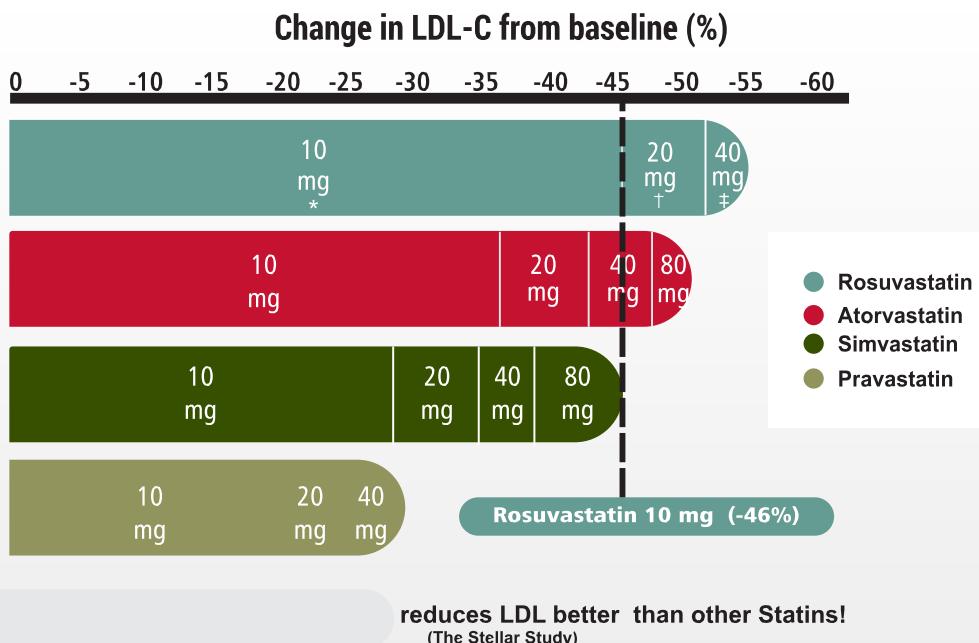
BENEFITS OF STATINS

in diabetic patients



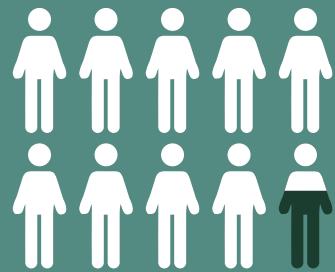
EFFICACY

AURITZ ON LDL



Am J Cardiol. 2003 Jul 15;92(2):152-60.

Over 9 in 10 patients with dyslipidemia and type 2 diabetes achieved their LDL-C goal in 2 months.



Andromedia Trial, Diabet Med. 2007;24 (5):541-549

- ✓ As an hydrophilic statin, it has little extra hepatic action.⁶ In patients treated with rosuvastatin up to 40mg, the incidence of myopathy (<0.1%) is very low.⁷
- ✓ Results from in vitro and in vivo studies show that rosuvastatin is neither an inhibitor nor an inducer of cytochrome p450 isoenzymes. Hence, suitable for polypharmacy patients compared to other statins which exhibits such effects.

Help achieve guideline
defined goal for Blood pressure control



PATIENT PROFILE

Mrs [REDACTED] a recently diagnosed Hypertensive patient



162/95 mmHg



119mg/dl



Diabetes, Stroke (Family History)



TC: 240mg/dl



Oral hypoglycemics & calcium channel blocker



GUIDELINE RECOMMENDATIONS

JNC Blood Pressure Goal

The ultimate public health **goal of antihypertensive therapy** is to **reduce cardiovascular and renal morbidity and mortality.**¹

Treating SBP and DBP to targets that are <140/90 mmHg which is associated with a decrease in CVD complications.¹

Other key recommendations:

JNC

"ARBs are recommended use in Type 2 diabetic patients with CKD because these agents delay the deterioration in GFR and the worsening of albuminuria"¹

ADA

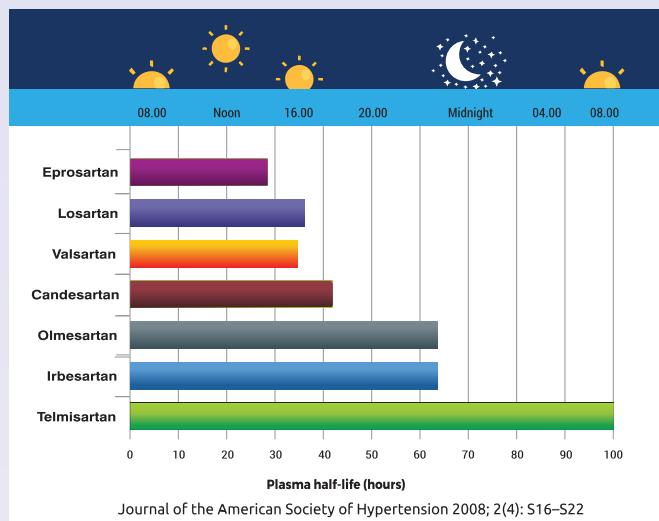
Angiotensin receptor blockers are recommended first-line therapy for hypertension in people with diabetes and coronary artery disease.²

* JNC - Joint National Committee *American Diabetes Association

(1.) <https://www.ahajournals.org/doi/pdf/10.1161/01.HYP.0000107251.49515.c2> (2.) 1. Diabetes Care 2023;46(Suppl. 1):S158–S190

on BP Control

Greater reductions in blood pressure than any other ARBs.



In a meta-analysis of 5 trials involving **1566 patients**, **telmisartan** produced **greater reductions** in ambulatory blood pressure[#] than any other ARBs.⁴

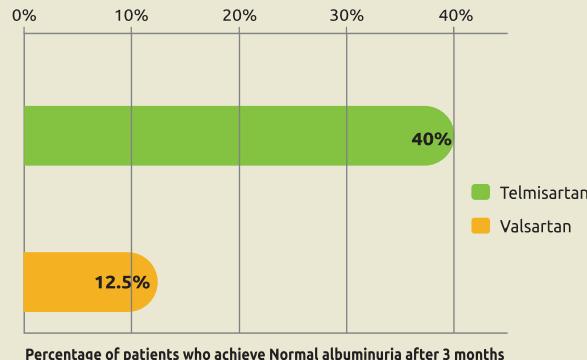
*Cilzec's long half life is due to its high lipophilicity, high receptor binding affinity and slow dissociation from the receptor compared to any other ARB.²

(3). Cilzec product monograph (4). J Clin Hypertens 2003;5:58–63 #BP readings between 06.00AM –11.59 AM ARBs - Angiotensin Receptor Blockers

Reno Protection

2.5x

more patients achieved normal-albuminuria on Telmisartan



This is partly due to the modulating activity of Telmisartan on the PPAR-gamma receptor, which is 20 times more than any other ARB⁶

(5.) FARMACIA, 2008, Vol.LVI, (6.) Int J Clin Pract Suppl. 2004 Dec;(145):46-9

CILZEC in patients with Diabetes

According to a meta-analysis of eight trials **Telmisartan was superior to other ARBs** in:

Reducing fasting plasma glucose

Increasing adiponectin levels.*⁷

* Using an 80-mg dose, telmisartan may also reduce fasting plasma insulin levels as well as homeostasis model assessment of insulin resistance (HOMA-IR)⁷. Also increasing plasma adiponectin is associated with decreased risk of T2DM and subsequently reduced risk of CV events⁸