Cardiodiabetology: The convergence of diabetes and cardiovascular disease

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With the predominant causes of morbidity and mortality in persons with type 2 diabetes mellitus being atherosclerotic cardiovascular disease (ASCVD) and its complications [1], including myocardial infarction, stroke, and heart failure, and the combination of both diabetes and cardiovascular disease being associated with a substantial additional risk for mortality from cardiovascular disease and all causes compared with either alone [2], a close understanding of the epidemiology and management of cardiovascular risk factors beyond glycemic control in persons with diabetes is needed. The long-term follow-up of the Steno-2 study [3] as well as observational follow-up of three major US cohort studies [4] shows the powerful long-term benefits of multifactorial risk factor control. Unfortunately, many patients in the USA with diabetes are not at target for composite risk factors [5], warranting a need for better coordinated care for the management of ASCVD risk factors in those with type 2 diabetes mellitus. Importantly a close collaboration between the fields of cardiology and endocrinology as well as primary care fields managing most of the patients with diabetes is needed if we are to address the expanding epidemic of diabetes and cardiovascular disease globally.

In the current issue of *Cardiovascular Endocrinology*, several articles address this important emerging field of cardiodiabetology. The opening article focuses on the need for this increased collaboration between cardiology and endocrinology in collaboration with others to address the multidisciplinary lifestyle and medical management issues involving diabetes and cardiovascular disease, and provides a review of past, but more importantly newer trials that have examined newer glucose-lowering agents and their impact on cardiovascular disease risk. Next, we feature a thorough review of the epidemiology of diabetes and cardiovascular disease, including the studies that have examined the association between the two and key cardiovascular risk factors in persons with diabetes. This is followed by a discussion of the role and methods

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for global risk assessment and screening for atherosclerosis in persons with diabetes. The concept of metabolically healthy versus unhealthy obesity and how this relates to risk for diabetes and cardiovascular disease follows, after which we present articles on the role of dyslipidemia and hypertension in diabetes and their relation to cardiovascular risk, including key management strategies. Finally, a review of the evidence for alternative and complementary medical approaches for the prevention of ASCVD is presented.

We hope that our readers of *Cardiovascular Endocrinology* will be inspired and motivated by this issue to more closely address the myriad of cardiovascular risks in their diabetes patients as only through such comprehensive lifestyle and medical management approaches can cardiovascular complications in our patients with diabetes be prevented and reduced.

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Conflicts of interest

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