

TAKE HOME MESSAGES

DAPT post SCA : quel patient quelle durée ?
Cœur et diabète : quoi de neuf ?

DR ALBERT Chartres

2018 © 24^{ème} Congrès du CNCH, Tous droits réservés - Toute reproduction même partielle est interdite.

2018 © 24^{ème} Congrès du CNCH, Tous droits réservés - Toute reproduction même partielle est interdite.



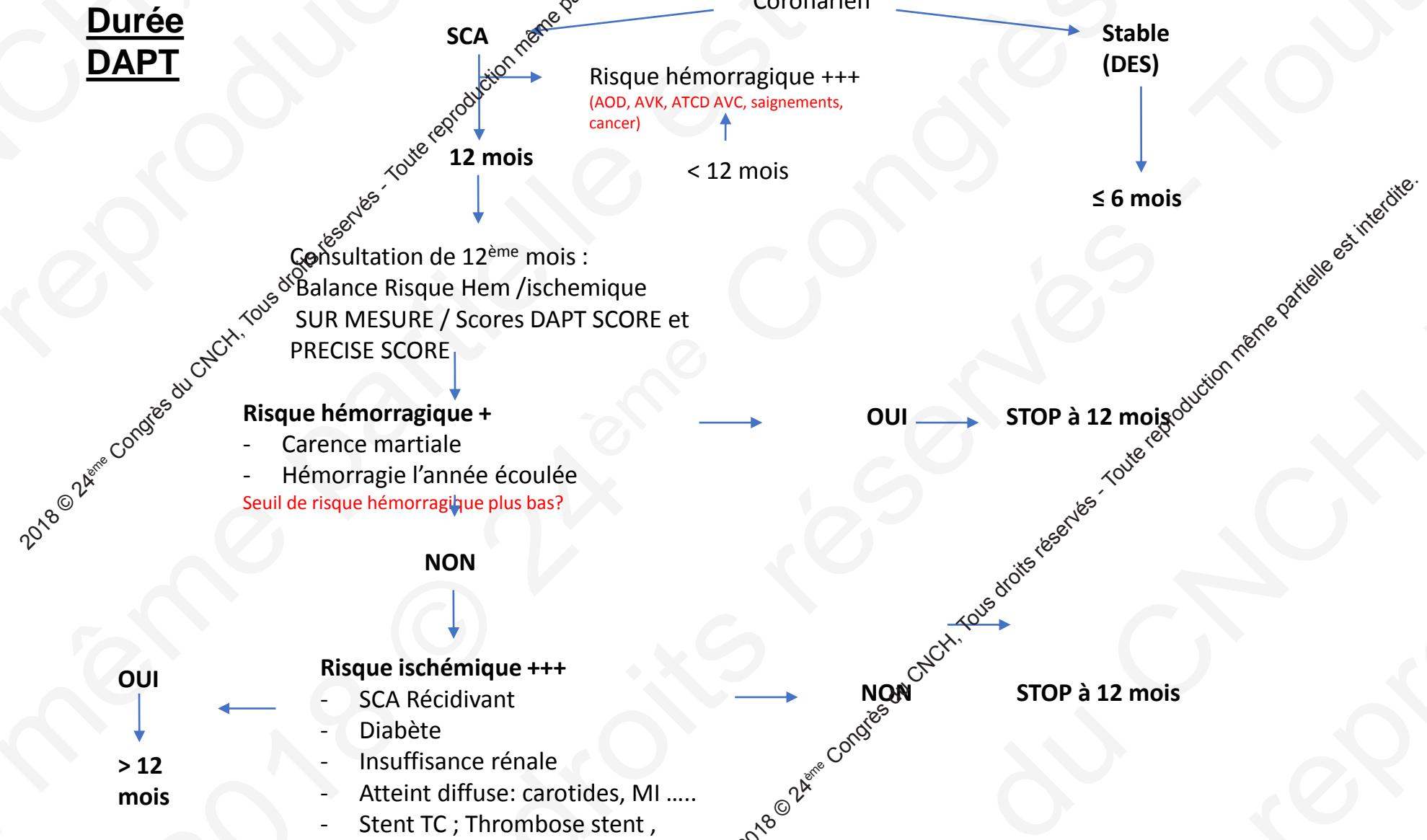
Collège
National des
Cardiologues des
Hôpitaux

DÉCLARATION DE RELATIONS PROFESSIONNELLES

Orateur : Franck ALBERT, CHARTRES



Je n'ai pas de lien d'intérêt potentiel à déclarer



2017 ESC focused update on dual antiplatelet therapy in coronary artery disease developed in collaboration with EACTS

The Task Force for dual antiplatelet therapy in coronary artery disease of the European Society of Cardiology (ESC) and of the European Association for Cardio-Thoracic Surgery (EACTS)

Authors/Task Force Members: Marco Valgimigli* (Chairperson) (Switzerland), Héctor Bueno (Spain), Robert A. Byrne (Germany), Jean-Philippe Collet (France), Francesco Costa (Italy), Anders Jeppsson¹ (Sweden), Peter Jüni (Canada), Adnan Kastrati (Germany), Philippe Kolh (Belgium), Laura Mauri (USA), Gilles Montalescot (France), Franz-Josef Neumann (Germany), Mate Petricevic¹ (Croatia), Marco Roffi (Switzerland), Philippe Gabriel Steg (France), Stephan Windecker (Switzerland), and Jose Luis Zamorano (Spain)

Additional Contributor: Glenn N. Levine (USA)

Document Reviewers: Lina Badimon (CPG Review Coordinator) (Spain), Pascal Vranckx (CPG Review Coordinator) (Belgium), Stefan Agewall (Norway), Felicita Andreotti (Italy), Elliott Antman (USA), Emanuele Barbato (Italy), Jean-Pierre Bassand (France), Raffaele Bugiardini (Italy), Mustafa Cikirkcioglu¹ (Switzerland), Thomas Cuisset (France), Michele De Bonis (Italy), Victoria Delgado (The Netherlands),

Apres étude LEADER et effets positifs des analogues GLP1 arrive declare AHA 2018



DECLARE – TIMI 58

Stephen D. Wiviott, MD

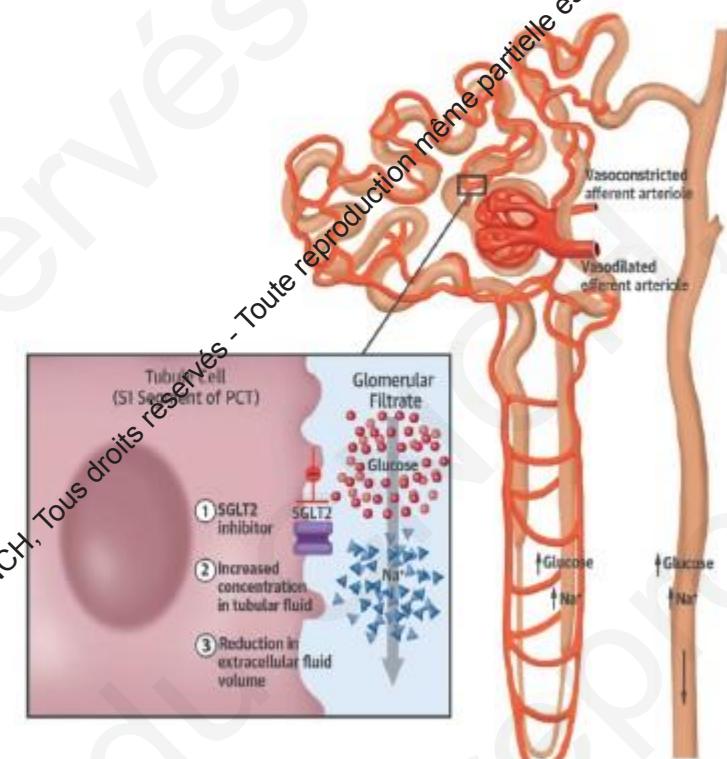
for the DECLARE – TIMI 58 Investigators

American Heart Association, Scientific Sessions

November 10, 2018

Background

- Patients with type 2 DM are at high risk for development of atherosclerotic CV events and heart failure.
- Dapagliflozin is a selective SGLT2 inhibitor which blocks glucose and sodium resorption in the kidney, and thereby ↓ blood sugar, BP & weight.
- Prior CV outcomes trials with other SGLT2i have shown reductions in CV and renal events predominantly in *secondary prevention* patients, though questions have been raised related to amputation, stroke and DKA.





The NEW ENGLAND
JOURNAL of MEDICINE

LBCI slides available:
www.tim.org

THE LANCET

SGLT2 inhibitors for primary and secondary prevention of cardiovascular and renal outcomes in type 2 diabetes: a systematic review and meta-analysis of cardiovascular outcomes trials

Thomas A Zelniker, Stephen D Wiviott, Itamariaz, Kyungah Im, Erica L Goodrich, Marc P Bonaca, Ofri Mosenzon, Eri T Kato, Avivit Cahn, Remo H M Furtado, Deepak L Bhatt, Lawrence A Leiter, Darren K McGuire, John PH Wilding, Marc S Sabatine



Enrollment Criteria



Diagnosis of T2DM, HbA1c 6.5-12%, CrCl ≥60 ml/min

AND

Established ASCVD (Secondary prevention)

Ischemic heart disease

Cerebrovascular disease

Peripheral Artery Disease

Or

Multiple risk factors for ASCVD (Primary prevention)

Men \geq 55 yrs and women \geq 60 yrs with at least one additional risk factor:

Dyslipidemia

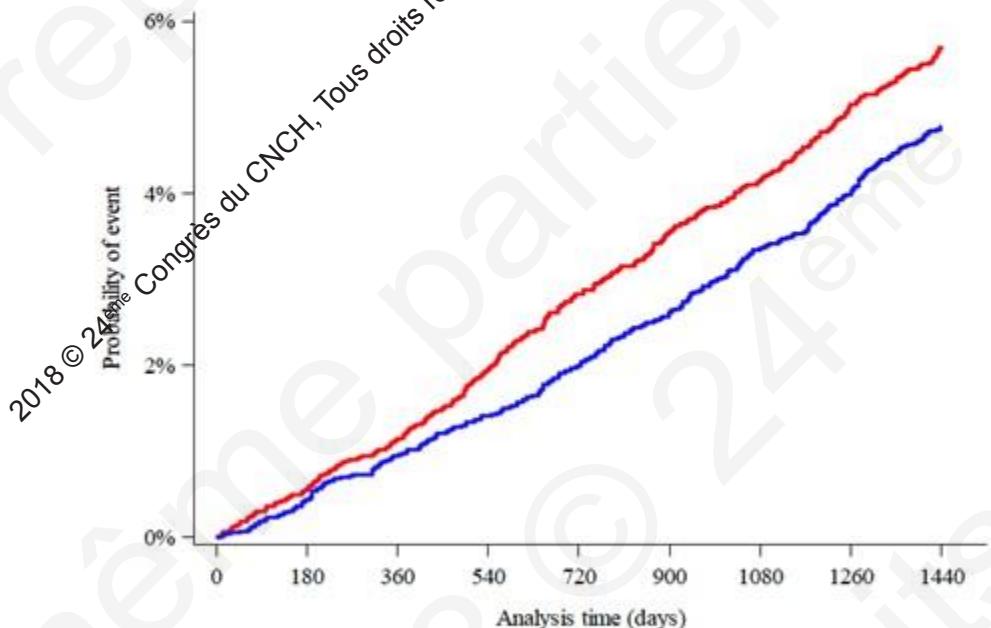
Hypertension

Current Tobacco use



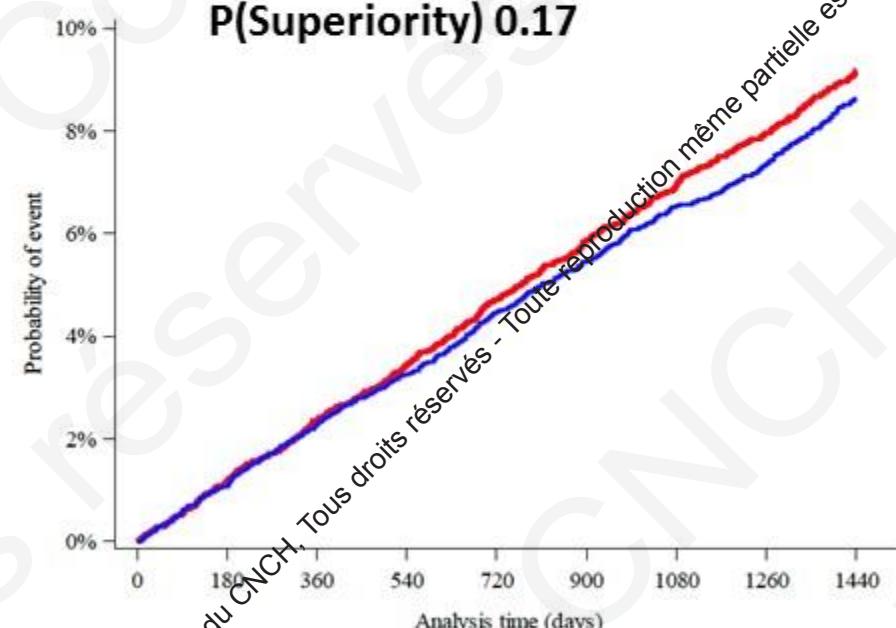
CVD/HHF

4.9% vs 5.8%
 HR 0.83 (0.73-0.95)
 P(Superiority) 0.005



MACE

8.8% vs 9.4%
 HR 0.93 (0.84-1.03)
 P(Noninferiority) <0.001
 P(Superiority) 0.17



Dapagliflozin
 Placebo

La DAPAGLIFOZINE : nouvelle molécule qui augmente la glycosurie , natriurese et Augmente hématocrite avec baisse volume plasmatique / effet hypotenseur ?

**Avancée majeure pour nos patients diabétiques DB2 en prévention secondaire
Et en prévention primaire avec FDR ++**

Avec baisse des insuffisances cardiaques et des MACE