**CARDIOVASCULAR DISEASE PREVENTION IN PATIENTS WITH DIABETES**

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In 2005, the American Heart Association and the American Diabetes Association declared that based on one longitudinal study that Diabetes is a CHD-Equivalent. The findings of the study demonstrated that the cardiovascular mortality in patient diagnosed with diabetes without prior cardiac disease was equivalent to patients with a history of cardiovascular disease without diabetes over a 7 and 15 year follow-up (> 20% incidence of Cardiac disease events and mortality at 10 years). Since then it was placed in guidelines that diabetic patients should be treated as already having CVD and placed on “secondary prevention” measures including therapeutic lifestyle changes, aspirin, beta-blockers, ACE-Inhibitors/angiotensin receptor blockers, and statins with an LDL goal of < 100 or < 70 mg/dL if the patient has concomitant CAD or uncontrolled risk factors on top of controlling blood pressure < 130/80 and controlling DM to A1c < 7.0. Most of the data supporting these guidelines were taken from post ACS trials and not directly involving only patients with diabetes without their incident cardiac event. Are all these guidelines still pertinent in 2012?