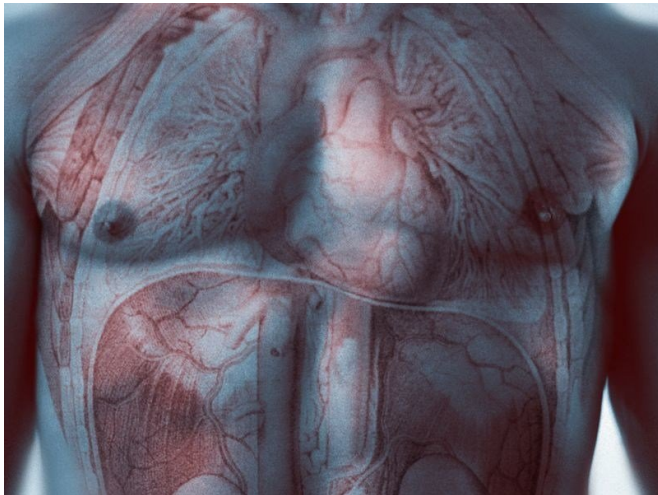


Excess cardiac risk varies with age of onset of T1DM

31 August 2018



and non-significantly increased for [atrial fibrillation](#) (1.17). For patients who developed diabetes at age 26 to 30 years, the hazard ratios were also significantly increased for all-cause mortality (2.83), cardiovascular mortality (3.64), non-[cardiovascular mortality](#) (2.78), cardiovascular disease (3.85), [coronary heart disease](#) (6.08), acute myocardial infarction (5.77), stroke (3.22), and heart failure (5.07), and non-significantly increased for atrial fibrillation (1.18). Across different diagnosis age groups, the excess risk differed by up to five times.

"Greater focus on cardioprotection might be warranted in people with early-onset type 1 [diabetes](#)," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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(HealthDay)—Excess cardiovascular risk varies with age at diagnosis of type 1 diabetes, according to a study published online Aug. 27 in *The Lancet*.

Araz Rawshani, Ph.D., from the University of Gothenburg in Sweden, and colleagues examined how the age at diagnosis of diabetes relates to excess mortality and cardiovascular risk. Individuals with diabetes were classified according to age at diagnosis. Data were included for 27,195 individuals with type 1 diabetes and 135,178 matched controls.

The researchers found that during a median follow-up of 10 years, 959 individuals with type 1 diabetes and 1,501 controls died. Among patients who developed type 1 diabetes at 0 to 10 years of age, the hazard ratios were significantly increased for all-cause mortality (4.11), cardiovascular mortality (7.38), non-cardiovascular mortality (3.96), cardiovascular disease (11.44), coronary heart disease (30.50), [acute myocardial infarction](#) (30.95), stroke (6.45), and heart failure (12.90),

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