

## Type 2 diabetes may affect heart structure, increase complications among heart failure patients of Asian ethnicity

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Type 2 diabetes affects the structure of the heart in the community and primary care level. For heart heart failure patients and increases their risk for repeat hospitalizations and/or death, according to new research published in the Journal of the American Heart Association, the Open Access Journal of the American Heart Association/American Stroke Association.

Type 2 diabetes frequently coexists with heart failure, and the prevalence of diabetes has increased worldwide. While diabetes and heart failure together have been extensively studied among Western populations, there is less known about their collective impact among Asian populations. An international team of researchers analyzed data from more than nearly 6,200 heart failure patients participating in the ASIAN-HF Studv.

The study found that having Type 2 diabetes and heart failure was associated with:

- structural abnormalities in the heart;
- · poorer quality of life; and
- · increased risk of heart failure-related rehospitalizations and/or death within one year.

Researchers also noted that the overall prevalence of Type 2 diabetes was high among these heart failure patients, with more than 40% having diabetes. The prevalence was highest in Singapore and Hong Kong.

"Primary prevention strategies and tailored treatment options are needed to tackle this twin scourge of diseases," said study co-author Jonathan Yap, M.B.B.S., M.P.H., consultant from the department of cardiology of the National Heart Centre Singapore. "Our findings emphasize the need for preventative public health measures at

failure patients who have diabetes, physicians should closely monitor and optimize their management."

More information: Jonathan Yap et al, Association of Diabetes Mellitus on Cardiac Remodeling, Quality of Life, and Clinical Outcomes in Heart Failure With Reduced and Preserved Ejection Fraction, Journal of the American Heart Association (2019). DOI: 10.1161/JAHA.119.013114

Provided by American Heart Association



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