

The paradigm shift

REDDING RANCHERIA NORTHERN CALIFORNIA DIABETIC CONFERENCE 2026

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The paradigm shift

**TREAT THE PATIENT.
NOT JUST THE HbA1c.**

Protect the heart • brain • kidneys • arteries

Yesterday → Today

YESTERDAY

- What is the HbA1c?
- Which drug lowers glucose?
- Did the number improve?

TODAY

- Does the patient have ASCVD?
- HF, CKD, or obesity?
- Which therapy protects organs?

Glycemic control remains important—but it is not the entire goal.

Today's roadmap

PREVENT

CAD • stroke • PAD

PROTECT

Heart failure • kidneys

PERSONALIZE

Risk-based therapy beyond
glucose

Diabetes: a vascular risk amplifier

ARTERIES

CAD • stroke • PAD

HEART

HFpEF • HFrEF

KIDNEYS

Albuminuria • declining eGFR

Start with a risk inventory

1

ASCVD

MI • stroke • PAD

2

HF

Symptoms • EF •
congestion

3

CKD

eGFR + urine ACR

4

OBESITY

Weight • metabolic risk

Then select therapies with proven outcome benefits.

The closing message

CAD

Coronary artery disease

RECOGNIZE

Symptoms may be atypical

PREVENT

Statin • BP • smoking

TREAT

Guideline-directed ASCVD therapy

No chest pain does not automatically mean no coronary disease.

CAD: prevention matters

PRIMARY PREVENTION

- Risk assessment
- Statin when indicated
- Aspirin rarely routine

SECONDARY PREVENTION

- High-intensity LDL lowering
- Antiplatelet therapy as indicated
- Lifestyle + BP + diabetes therapies

The closing message

PAD

PAD: the overlooked vascular bed

ASK

Walking pain • wounds

EXAM

Pulses • skin • feet

TEST

ABI when indicated

PAD predicts systemic cardiovascular risk and limb complications.

PAD: protect the patient and the limb

1

IDENTIFY

Symptoms + pulse exam

2

CONFIRM

ABI / toe pressures

3

PROTECT

Statin • antithrombotic
as indicated

4

REFER

Limb threat or limiting
symptoms

The closing message

STROKE

Stroke prevention

BP

Control hypertension

LIPIDS

Lower LDL by risk

AF

Recognize and anticoagulate when indicated

The closing message

CKD

CKD: check two numbers

eGFR

Filtration

UACR

Albumin leakage

TOGETHER

Risk stratification

Obtain both at least annually in type 2 diabetes; more often if indicated.

The closing message

HYPERTENSION

Hypertension: a high-impact intervention

TARGET

Often <130/80 mmHg if safe

CHOOSE

ACEi/ARB with albuminuria

CONFIRM

Home BP + orthostatic symptoms

A practical BP workflow

1

MEASURE

Proper cuff + repeat

2

ASSESS

Albuminuria • CKD •
CAD

3

TREAT

Individualize agents

4

RECHECK

BP • K+ • creatinine

The closing message

HYPERLIPIDEMIA

Lipids: know the risk category

HIGH RISK

Often aim LDL-C <70

VERY HIGH RISK

Consider <55 in ASCVD

ESCALATE

Statin → add-on agents

LDL thresholds and goals depend on the guideline and patient's risk.

LDL lowering: practical escalation

1

START

Max tolerated statin

2

ADD

Ezetimibe

3

INTENSIFY

PCSK9-based therapy as indicated

Do not mistake “on a statin” for “at an appropriate LDL level.”

Residual risk: beyond LDL

TRIGLYCERIDES

Assess metabolic drivers

Lp(a)

Measure at least once

ApoB

Helpful in selected patients

The closing message

CHF

Diabetic cardiomyopathy

1

DIABETES

Metabolic stress

2

MYOCARDIUM

Fibrosis • stiffness

3

DYSFUNCTION

Impaired relaxation

4

CLINICAL HF

Often HFpEF

Think beyond obstructive CAD when dyspnea develops.

HFpEF: recognize the pattern

SYMPTOMS

Dyspnea • edema • fatigue

ECHO

EF may be preserved

CONTEXT

Obesity • HTN • diabetes

A normal EF does not exclude heart failure.

Heart failure: two major phenotypes

HFrEF

EF $\leq$ 40%

HFpEF

EF $\geq$ 50%

HFmrEF

EF 41–49%

HFrEF: four foundational pillars

1

ARNI / ACEi / ARB

As appropriate

2

BETA BLOCKER

Evidence-based agent

3

MRA

Check K⁺ / eGFR

4

SGLT2i

Regardless of diabetes

Initiate and optimize as tolerated; diuretics relieve congestion.

SGLT2 inhibitors and HF

PREVENT

Lower HF hospitalization risk

TREAT

Benefit across EF ranges

MONITOR

Volume • renal function • DKA risk

Benefits extend to people without diabetes.

SGLT2i vs GLP-1 RA

SGLT2 INHIBITORS

- Strong HF outcomes
- Strong CKD outcomes
- Modest weight loss

GLP-1 RECEPTOR AGONISTS

- MACE benefit: selected agents
- Meaningful weight loss
- Kidney benefit: selected agents

Benefits are agent- and population-specific.

Choose drugs for outcomes

SGLT2i

HF + CKD protection

GLP-1 RA

ASCVD + weight benefit

BOTH?

Complementary in selected patients

Select agents with evidence for the specific patient and indication.

Safety pearls before prescribing

SGLT2i

Genital infections • volume •
ketoacidosis

GLP-1 RA

GI effects • gallbladder
concerns

BOTH

Check eligibility •
contraindications

Pause SGLT2i before surgery/acute prolonged fasting per agent guidance.

Top clinical takeaways

1

Treat total CV risk

2

Protect heart + kidneys

3

HbA1c is not the finish line

The best diabetes visit prevents the next cardiovascular event.

HbA1c: important, but incomplete

WHAT HbA1c TELLS US

- Average glycemia
- Microvascular risk context
- Response to glucose therapy

WHAT IT DOES NOT TELL US

- ASCVD burden
- HF risk
- Kidney and vascular protection

An excellent HbA1c does not guarantee low cardiovascular risk.

Tomorrow morning: the 5-question visit

1

ASCVD?

MI • stroke • PAD

2

HF?

Symptoms • EF

3

CKD?

eGFR • ACR

4

RISK?

BP • LDL •
tobacco

5

THERAPY?

Organ protection

The closing message

**A GOOD HbA1c IS NOT
THE SAME AS GOOD
CARDIOVASCULAR PROTECTION.**

Treat the whole patient.

The closing message

**The BEST diabetic visit PREVENTS the next
Cardiovascular event**

The closing message

THANK YOU !

Five trials worth knowing

1

EMPA-REG

CV outcomes

2

LEADER

GLP-1 RA + MACE

3

DAPA-HF

HFrEF

4

**EMPA-
KIDNEY**
CKD

5

SELECT

Obesity + ASCVD

Focus on clinical direction—not memorizing hazard ratios.

Key references • further reading

- ADA Standards of Care in Diabetes (current edition): cardiovascular disease, CKD, pharmacologic therapy
- 2023 AHA/ACC Multisociety Guideline for Chronic Coronary Disease
- 2024 ACC/AHA Guideline for Lower Extremity PAD
- 2022 AHA/ACC/HFSA Heart Failure Guideline + 2023 HFpEF consensus updates
- EMPA-REG OUTCOME • LEADER • DAPA-HF • EMPA-KIDNEY • SELECT