

## Bölüm 15

# KAH/KKY (KARDİYOVASKÜLER HASTALIK BULUNAN) VAKAYA YAKLAŞIM/ YÖNETİM

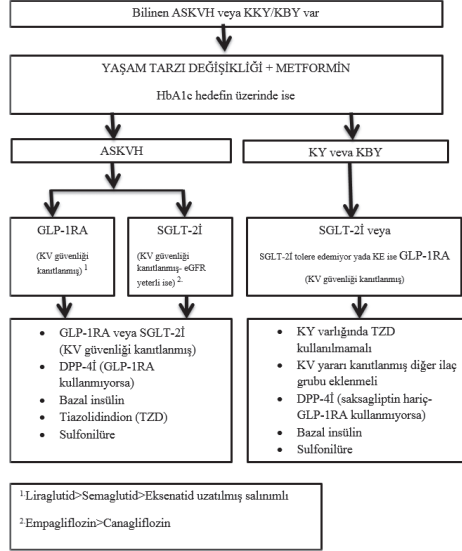
Mustafa ÜNÜBOL

### GİRİŞ

Koroner arter hastalığı (KAH), inme ve periferik arter hastalığını kapsayan aterosklerotik kardiyovasküler hastalıklar (ASKVH), diyabetli hastalar için morbidite ve mortalitenin önde gelen nedenidir (1). Tip 2 diyabetli hastalarda, KAH görülme riski diyabeti olmayan hastalara göre 2-4 kat daha fazladır. Ayrıca, diyabetli hastalarda ateroskleroz daha genç yaşlarda başlar ve daha yaygındır. Diyabet, KAH için bilinen bağımsız bir risk faktörüdür. Özellikle Tip 2 diyabetli hastalarda sık görülen hipertansiyon, dislipidemi gibi durumlar ASKVH için önemli risk faktörleridir (2). Diyabetli hastaların yaklaşık 4'de 3'ü kardiyovasküler hastalıklar nedeniyle ölmektedir (3). 50 yaş ve üzerindeki diyabetik kadınlarda yaşam beklentisi 8.2 yıl, diyabetik erkeklerde de yaşam beklentisi 7.5 yıl azalmış olarak öngörülmektedir (4).

Kalp yetmezliği (KY) diyabetli hastalarda morbidite ve mortalite nedenlerindedir. Ayrıca KY hastalarında diyabet çok sık görülmektedir. KY olan hastalarda diyabetin de olması kötü fonksiyonel durum ve kötü prognoz ile ilişkili saptanmıştır (5). Diyabeti olan KY hastalarında hastanede yatış oranları, diyabeti olmayan hastalara göre iki kat fazla saptanmıştır. Diyabetli kişilerde ejeksiyon fraksiyonu korunmuş kalp yetmezliği de görülebilmektedir (6).

2007 yılında yayınlanan metaanalizlerde Tip 2 diyabet tedavisinde kullanılan oral anti-diyabetiklerden tiazolidindion (TZD) grubundan peroksizom proliferatör aktive edilmiş reseptör  $\gamma$  (PPAR- $\gamma$ ) agonisti olan rosiglitazon, miyokard infarktüsü riskinde ciddi bir artış ve kardiyovasküler nedenlerden kaynaklanan ölüm riskinde artış ile ilişkili bulundu (7). Rosiglitazon yayınlardan sonra dünyanın pek çok ülkesinde kullanımdan kaldırıldı. Bu metaanalizler sonrası, diyabetin kendisinin ASKVH için bir risk faktörü olması nedeniyle diyabet tedavi-



Şekil 1. ASKVVH veya KY olan Tip 2 Diyabetli Hastada Diyabet Tedavi Algoritması

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