

## Guidelines for Diabetes with Coronary Heart Disease 2015

### Recommendations

Screening	Treatment Recommendations and Goals
<p>In asymptomatic patients, routine screening for coronary artery disease (CAD) is not recommended because it does not improve outcomes as long as CVD risk factors are treated. <b>A</b></p>	<p>In patients with known CVD, use aspirin and statin therapy (if not contraindicated) and consider ACE inhibitor therapy <b>C</b> to reduce the risk of cardiovascular events. <b>A</b></p>
	<p>In patients with a prior MI, <math>\beta</math>-blockers should be continued for at least 2 years after the event. <b>B</b></p>
	<p>In patients with symptomatic heart failure, thiazolidinedione treatment should not be used. <b>A</b></p>
	<p>In patients with stable CHF, metformin may be used if renal function is normal but should be avoided in unstable or hospitalized patients with CHF. <b>B</b></p>
<p>In all patients with diabetes, cardiovascular risk factors should be assessed at least annually. These risk factors include dyslipidemia, hypertension, smoking, a family history of premature coronary disease, and the presence of albuminuria. Abnormal risk factors should be treated as described elsewhere in these guidelines.</p>	