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Diabetes and Your Heart

Why diabetes is hard on your arteries, and the prevention plan, tested in large trials, that protects them.

1 in 5
of adults with diabetes and no known heart disease roughly match the risk of someone who had a heart attack

40 to 75
the ages when nearly all adults with diabetes should take a statin

<130/80
mmHg, the blood pressure target for most people with diabetes

WHAT DIABETES DOES TO ARTERIES

Plaque that grows faster and clots more easily

A damaged lining
Persistent high blood sugar injures the endothelium, the delicate inner lining of your blood vessels.

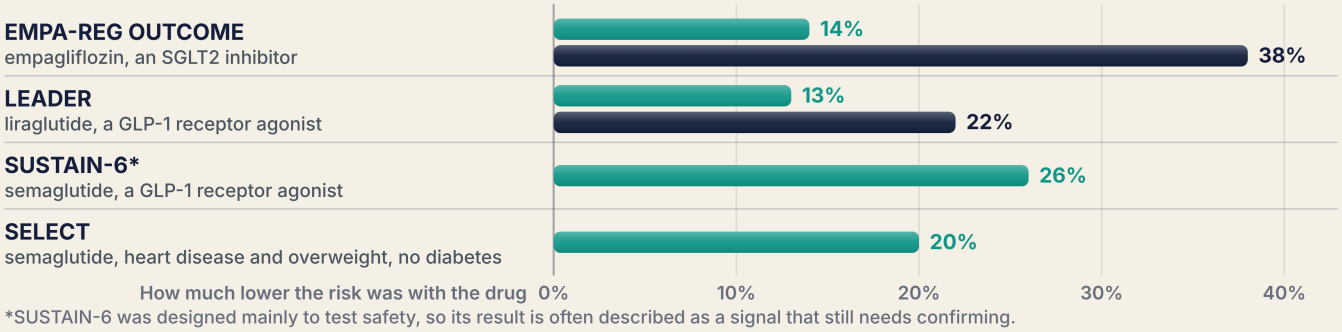
Stiffer, inflamed walls
Sugar-coated proteins stiffen the artery wall, and inflammation helps plaque grow and rupture.

Stickier platelets
Diabetes makes the blood more prone to clot, so a small plaque rupture is more likely to end in a heart attack.

Most people with type 2 diabetes also have high blood pressure and high triglycerides with low HDL, and many have sleep apnea.

DIABETES MEDICINES THAT PROTECT THE HEART

Two drug classes do far more than lower sugar



*SUSTAIN-6 was designed mainly to test safety, so its result is often described as a signal that still needs confirming.

SGLT2 inhibitors such as empagliflozin (Jardiance) and dapagliflozin (Farxiga) help the kidneys clear extra sugar and strongly cut heart failure hospital stays. GLP-1 receptor agonists such as liraglutide and semaglutide reduce heart attacks and strokes and bring real weight loss.

The plan

A statin at the right strength, blood pressure at target, aspirin when it fits your situation, and at least one of the modern diabetes medicines with heart benefit, often both.

YOUR PREVENTION PLAN

Matched to how high your risk runs

A 2022 AHA statement retired the old rule that diabetes counts the same as a past heart attack. The strongest signs of higher risk are an A1C at or above 7 percent, ten or more years of diabetes and taking diabetes medicines. For lower-risk patients, a coronary calcium score increasingly helps decide how hard to treat.

CHOLESTEROL

a statin comes first

No known heart disease	A moderate-intensity statin, such as atorvastatin 10 to 20 mg or rosuvastatin 5 to 10 mg. Goal LDL below 100 mg/dL and at least a 30 to 49 percent drop.
Several risk factors	With more risk factors, such as high blood pressure, smoking, kidney disease or early heart disease in the family, a high-intensity statin is preferred. Goal LDL below 70 and at least a 50 percent drop.
Known heart disease	Goal LDL below 70, or below 55 if your risk is very high (true for most people with heart disease), adding ezetimibe or a PCSK9 inhibitor (Repatha, Praluent) if a statin alone falls short.

BLOOD PRESSURE

first choice is an ACE inhibitor or ARB

Most people	Below 130/80 if you can reach it safely. An ACE inhibitor such as lisinopril or an ARB such as losartan is preferred, especially with kidney disease or protein in the urine.
High heart or kidney risk	A top number below 120 is encouraged, weighed against lightheadedness or falls.
Frail or many health problems	Below 140/90 is often reasonable.

ASPIRIN

depends on your history

After a heart attack, stroke, stent or bypass	Almost always, unless there is a clear reason you can't take it.
No heart attack or stroke yet	Not routine. Aspirin 75 to 162 mg daily may be considered, typically at age 50 or older with at least one more risk factor and no high bleeding risk. Above roughly age 70, bleeding risk starts to outweigh the benefit. Talk it through with your doctor before starting on your own.

SIDE EFFECTS TO KNOW

SGLT2 inhibitors	Genital yeast infections are the most common. A rare but serious acid buildup called euglycemic DKA is watched for in at-risk patients.
GLP-1 receptor agonists	Nausea, vomiting and diarrhea, which usually ease over the first several weeks as the dose steps up. Not for anyone with a personal or family history of medullary thyroid cancer or MEN2.

LIFESTYLE STILL CARRIES WEIGHT

Stopping smoking is the most impactful change you can make. Aim for 150 minutes of moderate exercise a week plus two strength sessions, a Mediterranean-style eating pattern and, if you need it, a 5 to 10 percent weight loss. Good A1C control helps too.

READ THE FULL ARTICLE

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For education only, and not a substitute for advice from your own physician. Sources include the ADA Standards of Care 2024 and 2026, the 2026 ACC/AHA dyslipidemia guideline, the 2022 AHA statement on diabetes and heart risk, and the EMPA-REG OUTCOME, LEADER, SUSTAIN-6 and SELECT trials.

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