



CARDIOVASCULAR RISK FACTOR INTERVENTION	
<p>All people with Diabetes are considered to be at high cardiovascular risk.</p> <p>All require lifestyle advice and multifactorial risk factor intervention.</p> <p>However note lipid guidelines now recommend QRISK2 assessment for statin initiation.</p>	
LIFESTYLE INTERVENTION	BLOOD PRESSURE
<p>Smoking cessation should be encouraged, with use of Stop Smoking clinics as required.</p> <p>Dietary intervention</p> <ul style="list-style-type: none">Should include weight loss for those with high waist circumferences<ul style="list-style-type: none">>94cm in Northern European white male>80cm in Northern European white females>90cm in South Asian males>80cm in South Asian femalesand, for all should include advice about a low fat diet high in fruit and vegetables (at least 5 portions per day).Should include advice to decrease total dietary fat to <30% of total energy intakeShould include advice to decrease saturated fats to <10% of total fat intake.Should include advice about lowering salt intake to be less than 6g of salt (=2.4 g sodium chloride) per day.Alcohol intake should be discussed, with the advice for males to limit to 14units per week.Regular intake of oily fish and other sources of omega 3 fatty acids (at least 2 portions of fish per week) <p>Exercise The benefits of regular exercise should be explained and people should be advised to perform regular aerobic activity. Clinical studies show that walking for 30 minutes every day has cardiovascular benefits</p>	<p>All people with Diabetes (Type 1 or Type 2) should be treated to a target of 140/80 with a combination of lifestyle intervention (see above) and drug therapy. If kidney, eye or cerebrovascular damage set a target <130/80.</p> <p>Up to half the people with Type 2 Diabetes will need 3 or more antihypertensive agents, and it is important for people to be made aware of this when discussion around hypertension occurs.</p> <p>ACE inhibitors and ARBs are preferred first line therapy in people with any degree of nephropathy (micro- or macroalbuminuria).</p> <p>In all people measure renal functions and electrolytes 1-2 weeks after initiation of ACE inhibitors and ARBs and with each increase in dose.</p> <p>The British Hypertension Society's Guidelines should be followed.</p> <p>Assess blood pressure at least 3 monthly until targets are achieved, and monitor every 4-6 months once targets are achieved.</p> <p>People who do not achieve target should be referred for further management. Remember that, if the patient does not achieve target despite greatest efforts by the multidisciplinary team, any improvement towards the target is better than the patient's baseline.</p> <p>Smoking Please assess people for smoking status and refer to Smoking Cessation Teams for patient support.</p>

Lifestyle advice is integral to the management of Diabetes and should be reinforced at every available opportunity.