

Does this patient require vascular protective medications?

STEP 1: Does the patient have end organ damage?

- Macrovascular disease
 - Cardiac ischemia (silent or overt)
 - Peripheral arterial disease
 - Cerebrovascular/Carotid disease

OR

- Microvascular disease
 - Retinopathy
 - Nephropathy (ACR ≥ 2.0)
 - Neuropathy

NO

STEP 2: What is the patient's age?

- ≥ 55 years

OR

- 40-54 years

NO

STEP 3: Does the patient...

- Have diabetes >15 years AND age >30 years
- Warrant statin therapy based on the 2012 Canadian Cardiovascular Society Lipid Guidelines

See next panels for recommendations on vascular protection, women of childbearing age, and the frail elderly.

* Dose adjustments or additional lipid therapy warranted if lipid target (LDL-C ≤ 2.0 mmol/L) not being met.

ACE-inhibitor or ARB (angiotensin receptor blocker) should be given at doses that have demonstrated vascular protection [eg. perindopril 8 mg once daily (EUROPA trial), ramipril 10 mg once daily (HOPE trial), telmisartan 80 mg once daily (ONTARGET trial)].

ASA should not be used for the primary prevention of cardiovascular disease in people with diabetes. ASA may be used for secondary prevention.

STATIN*
+
ACEi or ARB#
+
ASA

Clodrogrel
if ASA-intolerant

STATIN*
+
ACEi or ARB#

STATIN*