

Professor John Deanfield

BIOGRAPHY



Professor of Cardiology
Director, National Centre
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John Deanfield is British Heart Foundation Vandervell Professor of Cardiology at University College Hospital, London, UK. He is also Consultant Cardiologist at the Barts' Heart Centre and Great Ormond Street Hospital, London. Professor Deanfield undertook his undergraduate training at Churchill College, Cambridge, UK and the Middlesex Hospital, London. He subsequently trained at the Hammersmith and Great Ormond Street Hospitals, London.

Professor Deanfield is the Director of the National Centre for Cardiovascular disease Prevention and Outcomes at UCL which incorporates the national databases for cardiovascular outcomes (NICOR). He was a Principle Investigator in a Leducq transatlantic consortium evaluating HDL function in Atherosclerosis. Professor Deanfield Chaired the Joint British Societies (JBS3) new National guidelines for cardiovascular disease prevention, published in 2014.

Professor Deanfield serves on many international advisory boards and is a member of the editorial boards of several major cardiovascular journals. He has published numerous articles in leading medical and scientific journals such as New England Journal of Medicine, Circulation and European Heart Journal. His principal interests are vascular medicine, opportunities for lifetime management of cardiovascular risk and large scale cardiovascular outcomes research.

Professor Deanfield is a director at the educational board of the Physicians' Academy for Cardiovascular Education (PACE Foundation).

ABSTRACT

Management of CV Risk & T2DM: Implications of novel outcome trials

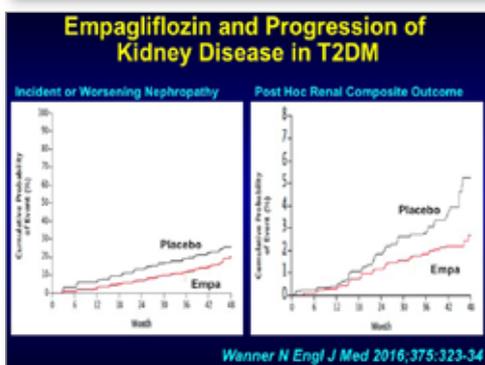
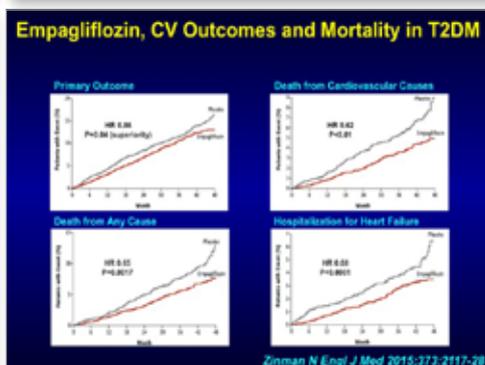
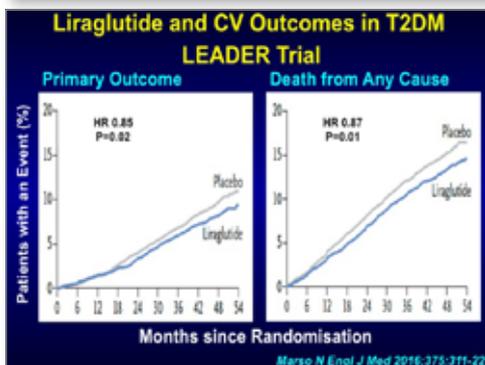
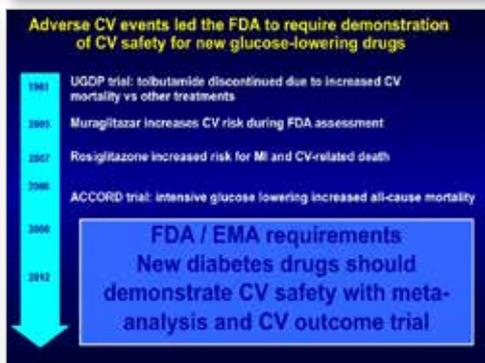
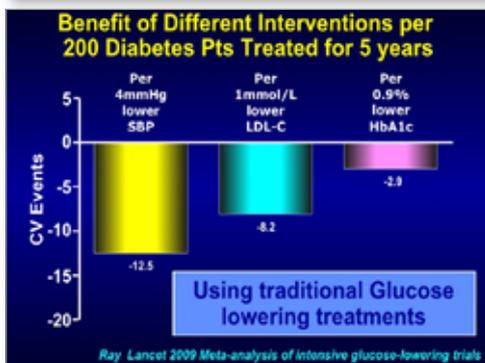
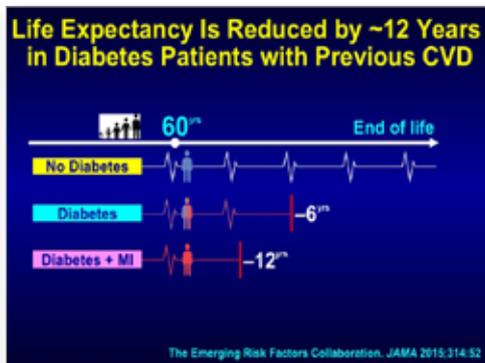
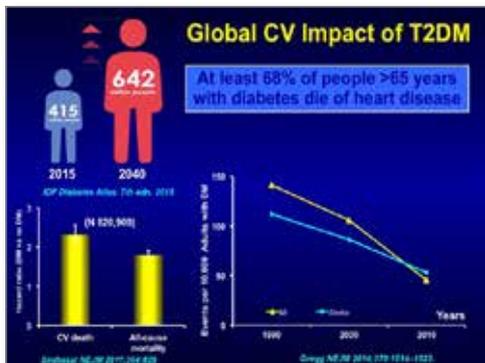
The worldwide epidemic of diabetes will have a major impact on cardiovascular disease prevalence and outcomes. More than two thirds of patients with diabetes over 65 years of age die from cardiovascular disease.

In epidemiological studies, cardiovascular risk in diabetes is more strongly related to cholesterol and blood pressure levels than to fasting blood sugar. Furthermore, trials of intensive glucose lowering have shown less benefit on cardiovascular events than interventions to reduce systolic blood pressure and LDL-Cholesterol. Indeed, some recent trials have shown either no benefit or adverse outcomes from traditional glucose lowering treatments. This has prompted regulators to require that new diabetes drugs should demonstrate cardiovascular safety with meta-analysis and outcome trials.

Recently, randomised clinical trials of two major classes of drugs developed to control blood sugar, have shown cardiovascular outcome benefits. Liraglutide, a GLP-1 agonist, in the LEADER trial, resulted in both a reduction in cardiovascular events and death from any cause. Empagliflozin, an SGLT-2 inhibitor in the EMPA-REG trial, improved cardiovascular outcomes and mortality. Subsequently, it has also been reported to slow progression of nephropathy and reduce renal complications.

The time course of benefit for these two agents were not the same. This suggests that the underlying mechanisms of action may be different, with haemodynamic benefits early with empagliflozin and possible atherosclerosis modification with liraglutide. These exciting findings have led to a new series of trials exploring potential class effects of other agents and vascular mechanisms.

The cardiovascular outcomes benefit demonstrated in these recent studies has already changed guidelines for Diabetes care. The lack of hypoglycaemia with novel therapies should broaden the indications towards early treatment, prevention and even use in patients without established diabetes.



New Era for CVD Management in DM: Some thoughts...

Diabetologists

Cardiologists

- In addition to BP and Cholesterol lowering, CVD and renal benefit with two new diabetes drugs especially SGLT2 I
- Has changed guidelines for DM care
- Novel multiple mechanisms, especially with lack of hypoglycaemia may broaden indications towards early treatment, prevention, even without DM

Presentations will be available at www.pace-cme.org