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Diabetes and the heart—at the edge between upcoming solutions and newly detected problems

This fourth issue of *Herz* dedicated to the topic “diabetes and the heart” with its exciting agenda of contemporary contributions in fact adds support to our previous editorial title “a never-ending story”.

The evidence base against old (unstratified) concepts of metabolic control and the identification of new clinical areas decisive for the outcome of affected patients suggests that the problems continue. In general, we have to acknowledge that cardiac outcome has not significantly improved over the years, despite dedicated treatment modalities for not only coronary artery disease and myocardial infarction, but also congestive heart failure, rhythm disorders, and prevailing coagulopathy which render diabetic patients at particular high risk in all of these diagnostic categories.

Dörr et al. address the still unresolved question of how to detect patients with diabetes or at prediabetic stages as a significant comorbidity of advanced coronary artery disease (eligible for catheter diagnostics or intervention). Along this line, Zellweger examines the challenge of appropriate diagnostic algorithms including non-invasive measures of coronary artery disease in diabetes and their appropriate setpoints. Stratmann et al. focus on the upcoming data of atrial fibrillation as a relevant comorbidity of diabetes with a strong impact on outcome incidences which appears pathophysiologically linked to the prothrombotic diathesis in diabetes in general, which warrants

the use of antithrombotic interventions. A summary of established and new antithrombotic agents evaluated for use in the clinical setting of diabetes patients is provided by Farhan et al, while a key regulator of lipid metabolism in the context of diabetes and the metabolic syndrome is presented by Müller-Wieland et al., which is helpful to understand the new recommendations for lipid control in high-risk patients such as diabetics. The controversial issue of coronary revascularization based on catheterization or surgery with the 3-year outcome data from the SYNTAX trial by Groot et al. will hopefully allow better decision-making for heart teams in the clinical setting. The related question of the value of conservative antidiabetic treatment using the new class of incretin-based therapies is addressed by Lehrke et al., which basically contains two relevant dimensions of drug-induced side effects and pleiotropic activities superimposed on antidiabetic action. The importance of these questions was evaluated in the prospective diabetes registry (DiaRegis) by Gitt et al. and highlights the association of hypoglycemic episodes and adverse outcomes under outpatient care conditions.

This scope of contributions justifies viewing the situation from both sides: on the one hand, an optimistic view based on upcoming new treatments on the horizon, and on the other hand, the perturbing view that the clinical improvement of diabetes patients requires a subtle balance of individual clinical decisions. It is the

strong wish of the editors with the establishment of a series of issues of the journal *Herz* dedicated to “diabetes and the heart” to highlight actual trends and findings in the field and, thereby, to facilitate this subtle balance in decision-making for affected patients.

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