

effect on cardiovascular effect. Although there are no studies available to directly suggest beneficial effect of blood glucose control on macrovascular effect yet, present data strongly indicate tight glycaemic control of both fasting and postprandial glucose level is of help to achieve this goal. Glycaemic control can be achieved with lifestyle intervention, oral hypoglycaemic effect mainly metformin, thiazolidinediones which have properties that may be associated with cardiovascular disease benefit in the long run and recently available newer insulin analog. Use of ACEI or ARB should get precedence over others agents apart from optimum utilization of beta blocker for aggressive blood pressure control to currently recommended targeted level of 130/80 mm Hg. Although reduction of low-density lipoprotein cholesterol is the primary target of treatment to reduce the risk of cardiovascular events, including stroke reduction of elevated triglyceride levels is now considered a secondary target for risk reduction. Lower goals for triglycerides — including normal levels at <150 mg/dL — have also been set for triglyceride therapy. Dietary modifications and increased exercise remain the initial therapeutic approaches; however, pharmacologic intervention may be required for many patients. Selection of the appropriate agent from among the available medications, including statins, fibrates, nicotinic acid, and omega-3 fatty acids, depends on the degree of triglyceride elevation and the presence of other lipoprotein abnormalities. Platelet inhibition with oral or intravenous agents has “normalized” the increased risk of diabetic patients with PAD. Aspirin is effective in the primary prevention of fatal and nonfatal MI in patients with diabetes, and in the absence of contraindications, should be given to all diabetic subjects at high risk for vascular disease. Clopidogrel has been proven superior to aspirin, especially in diabetic patients.

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