

ETM/352 - Moving Towards a New Personalised Medicine Approach to Primary Prevention in Diabetes: The First Steps

In non-diabetics we have developed a whole new approach to the primary prevention of CV events. This involves screening for silent heart disease with BNP \pm hsTnT, followed by cardiac phenotyping those with high biomarkers followed by personalised medicine against each cardiac abnormality seen on phenotyping (3P Screening). In non-diabetics, the c-statistic for screening with BNP \pm hsTnT was 0.81. We now wish to see in 246 well controlled diabetics how well BNP \pm hsTnT performs at identifying those with any form of silent heart disease i.e. does it perform as well in diabetes as it did in non-diabetics? A key novel twist is that we will do comprehensive cardiac phenotyping which identifies the main 5 silent cardiac abnormalities which are all known to precede CV events. This enables us to see how common multiple silent cardiac abnormalities are in well controlled diabetes. Our third endpoint is to see how good BNP \pm hsTnT are at identifying when multiple silent cardiac abnormalities are present in a particular diabetic patient.