

COM-2025-031

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REVIEW

Drug Information

PharmPix Clinical Department

Drug Information:

Remember that medical literature is dynamic and is continuously changing as new scientific knowledge is developed. We exhort the frequent revision of treatment guidelines to assure that your recommendations are consistent with the most updated information.

It is our priority to offer high-quality services and support practices for health promotion and diseases prevention. If you have any questions or wish to have more information regarding this document, you can call us directly or view PharmPix communications online.

QUESTIONS

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The clinical team wants to communicate the latest up-to-date drug information requested.

Risk of Cardiovascular Disease Increases in Adult-Onset Type 1 Diabetes

A study recently published in the *European Heart Journal* found that individuals with adult-onset type 1 diabetes (T1D) diagnosed before or after age 40 had a higher risk of cardiovascular disease (CVD) and mortality than the control population, but a lower CVD risk than patients with type 2 diabetes (T2D).

Type 1 Diabetes

T1D is an autoimmune disorder characterized by the immune system's T cells destruction of the beta cells; the cells responsible for producing insulin. According to the Centers for Disease Control and Prevention (CDC), T1D affects around 2 million Americans, about 5% to 10% of all diabetes cases.

The *Standards of Care in Diabetes-2025* published by the American Diabetes Association state that autoantibody-based screening for presymptomatic type 1 diabetes should be offered to those with a family history of type 1 diabetes or known elevated genetic risk.

Key Findings in the Study

The study showed that people with adult-onset T1D had a higher incidence of major adverse cardiovascular events (MACE), all-cause mortality, and mortality from cardiovascular or non-cardiovascular diseases, cancer, or infection than population controls. Interestingly, they had lower MACE incidence and higher mortality from diabetic coma or ketoacidosis than people with T2D. Smoking, being overweight or obese, and poor glucose control accounted for the poor prognosis. Results were similar for T1D diagnosed in individuals older than 40, although they had lower insulin pump use and higher HbA1c than people diagnosed earlier.

What this study shows is the importance of managing modifiable factors such as smoking status and obesity to improve prognosis in these patients.

**CLINICAL PEARLS**

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REFERENCES:

1. Yuxia Wei, Tomas Andersson, Tiinamaija Tuomi, Thomas Nyström, Sofia Carlsson, Adult-onset type 1 diabetes: predictors of major cardiovascular events and mortality, European Heart Journal, 2025, ehaf304, <https://doi.org/10.1093/eurheartj/ehaf304>
2. American Diabetes Association Professional Practice Committee; Summary of Revisions: Standards of Care in Diabetes—2025. Diabetes Care 1 January 2025; 48 (Supplement_1): S6–S13. <https://doi.org/10.2337/dc25-SREV>



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