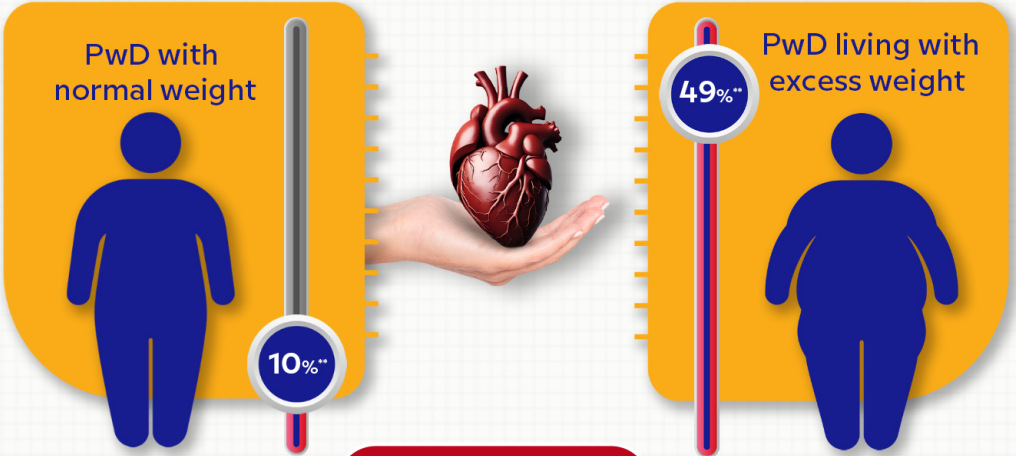


Excess weight can increase the relative risk of coronary heart disease in PwD by 49%¹



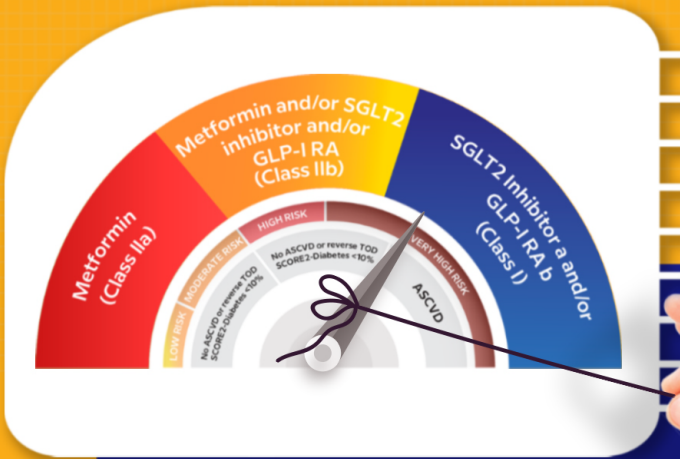
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Dear Doctor,
 ESC 2023 suggests GLP-1RA, SGLT2-i for obese PwD with 49% higher CHD risk. For Diabetes and ASCVD, choose GLP-1RA for improved management.



ESC 2023 Guidelines recommend use of GLP-1 RA

As they are preferred glucose-lowering therapy along with SGL T2-i irrespective of glucose control goals



People with diabetes & ASCVD consider GLP-1 RAs and/or SGLT2i

Obesity adds up to the

Not a real Patient. The images of a person depicted for illustration purposes only
^{*}p < 0.05, ^{**} p<0.001 vs people with T2D of normal weight ^ such as antiplatelet therapy, antihypertensives or lipid-lowering therapy.
 a. SGLT2 inhibitors with proven CV benefit: empagliflozin, canagliflozin, dapagliflozin, sotagliflozin | b. GLP-1 RAs with proven CV benefit: liraglutide, semaglutide s.c., dulaglutide, efpeglenatide
 Reference: 1. Eeg-Olofsson et al. Diabetologia 2009;52(1):65-73
 Abbreviations: T2D - type 2 diabetes. CHD - Congenital Heart Disease, PwD - People with Diabetes, ASCVD - Atherosclerotic cardiovascular disease, CV - Cardiovascular, GLP-1 RA - Glucagon-like peptide-1 receptor agonists, MI - Myocardial infarction, SGLT2i - sodium glucose co-transporter 2 inhibitor; T2DM - Types 2 Diabetes Mellitus, TOD - target - organ damage, HbA1c - haemoglobin A1c.