

## **Do you think that it makes sense to refer all patients over 40 with diabetes mellitus for cardiac stress testing?**

1) No, it does not make sense from what I know to stress all diabetics >40yo.

2) Lipid profile for every diabetic patient, reach the goal of LDL<100 mg/dL. The VAP cholesterol test in the high risk patient group is more cost effective and has a better preventive value than the cardiac stress test.

3) The best answer right now is "No." Please see "Stress Testing in Patients with Diabetes Mellitus: Diagnostic and Prognostic Value" by Anne R Albers, et al in Circulation, 2006 Jan 31;113(4):583-92 for a really nice systematic review on this subject:

[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list\\_uids=16449735&query\\_hl=12&itool=pubmed\\_docsum](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list_uids=16449735&query_hl=12&itool=pubmed_docsum)

4) No! I don't think it makes sense to refer all patients. You do need to have a plan to address the high incidence of cardiac problems in diabetics, and the fact that they may have silent ischemia.

I look at how long they have been a diabetic and how many other risk factors for CAD they have, especially smoking (it seems to be the deadliest combination). If they have more than a few I perform a stress myocardial perfusion scan, usually with a treadmill if they can, if not, I use adenosine. For those who no longer provide this as a part of primary care prevention I guess you will have to take the time and profitless trouble to refer. I think these issues still make a strong argument for primary care physicians to be involved. You can't do the right thing for free. If it is a primary or even secondary prevention issue we should be involved as FP's. I find a ton of pathology for which I then refer to our cardiologist.