

Type 2 Diabetes and High Blood Pressure: A Dual Challenge to Cardiovascular Health

Manfroyd Heinking*

Division of Nephrology and Dialysis, Department of Medicine III, Medical University of Vienna, Vienna, Austria

Corresponding Author*

Manfroyd Heinking

Division of Nephrology and Dialysis, Department of Medicine III, Medical University of Vienna, Vienna, Austria

E-mail: Mich@osu.edu

Copyright: © 2023 Heinking M. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received: 31-Jul-2023, Manuscript No: jdm-23-26398, **Editor assigned:** 03-Aug-2023, Pre QC No: jdm-23-26398(PQ), **Reviewed:** 17-Aug-2023, QC No: jdm-23-26398, **Revised:** 24-Aug-2023, Revised Manuscript No: jdm-23-26398(R), **Published:** 31-Aug-2023, DOI: 10.35248/2155-6156.10001037

Introduction

Type 2 diabetes (T2D) and high blood pressure (hypertension) are two prevalent and interrelated chronic conditions that significantly impact global health. Individually, they increase the risk of cardiovascular complications [1], but when they coexist, their combined effects pose an even greater threat. Understanding the complex relationship between T2D and high blood pressure is essential for effective management and prevention of cardiovascular complications [2].

The interplay between t2d and high blood pressure

T2D and high blood pressure often go hand in hand, a phenomenon commonly referred to as the "diabetic duo." The connection between these conditions is multifaceted:

- Insulin resistance and sodium retention:** Insulin resistance, a hallmark of T2D, can lead to sodium retention in the kidneys. This increases fluid volume in the blood vessels, contributing to higher blood pressure.
- Endothelial dysfunction:** Both T2D and high blood pressure can cause damage to the inner lining of blood vessels (endothelium), impairing their ability to dilate and constrict properly.
- Inflammation and oxidative stress:** Inflammation and oxidative stress, prevalent in T2D, contribute to blood vessel damage and high blood pressure.
- Obesity:** Obesity is a common risk factor for both T2D and high blood pressure. Excess body weight can exacerbate insulin resistance and strain the cardiovascular system.

Impact on cardiovascular health

The coexistence of T2D and high blood pressure substantially elevates the risk of cardiovascular complications, such as:

- Heart disease:** Both conditions independently increase the risk of heart disease. High blood pressure strains the heart, and T2D contributes to the development of atherosclerosis (narrowing of arteries) due to elevated blood sugar levels [3, 4].
- Stroke:** The combination of T2D and high blood pressure significantly heightens the risk of stroke, as damaged blood vessels are more susceptible to ruptures or blockages.
- Kidney disease:** T2D and high blood pressure are leading causes

of kidney disease. The kidneys' filtration mechanisms can be compromised, leading to reduced kidney function and potential kidney failure [5].

- Retinopathy and vision issues:** Diabetic retinopathy, a complication of T2D, can be worsened by high blood pressure, leading to vision impairment and even blindness.

Comprehensive management approaches

Given the intertwined nature of T2D and high blood pressure, holistic management approaches are crucial:

- Blood sugar control:** Tight blood sugar control is fundamental to prevent diabetes-related complications. Lifestyle modifications, medication, and insulin therapy are essential components [6].
- Blood pressure management:** Lifestyle changes, such as adopting a heart-healthy diet low in sodium, regular exercise, and stress reduction techniques, are essential for blood pressure control [7]. Medications may also be prescribed.
- Cardiovascular risk reduction:** Addressing other cardiovascular risk factors, such as high cholesterol and obesity, is paramount to reducing the overall risk of complications [8, 9].
- Collaborative care:** Healthcare providers should collaborate to ensure comprehensive care. Regular check-ups, blood tests, and monitoring can help detect and manage issues early [10].

Prevention strategies

Preventing the development of T2D and high blood pressure is a key strategy in avoiding their complications:

- Lifestyle modification:** Adopting a healthy lifestyle, including a balanced diet, regular exercise, weight management, and stress reduction, can significantly lower the risk of both conditions [11].
- Screening and early detection:** Routine health screenings can identify prediabetes and prehypertension, enabling early intervention to prevent progression [12].

Conclusion

The relationship between T2D and high blood pressure creates a synergistic challenge to cardiovascular health. Understanding their interplay and implementing comprehensive management approaches are essential for reducing the risk of devastating complications. Emphasizing prevention through healthy lifestyle choices and proactive healthcare can mitigate the impact of these chronic conditions and contribute to better overall well-being.

Acknowledgement

None

Conflict of Interest

None

References

- Bluestone JA, Herold K, Eisenbarth G. Genetics, pathogenesis and clinical interventions in type 1 diabetes. *Nature*. 464: 1293-1300.
- Atkinson MA, Eisenbarth GS, Michels AW (2014) Type 1 diabetes. *Lancet* 383: 69-82.
- Wild S, Roglic G, Green A, Sicree R, King H (2004) Global prevalence of diabetes. Estimates for the year 2000 and projections for 2030. *Diabetes Care* 27: 1047-1053.

4. Cooper JG, Claudi T, Thordarson HB, Løvaas KF, Carlsen S, et al. (2013) Treatment of type 1 diabetes in the specialist health service – data from the Norwegian Diabetes Register for Adults. *Tidsskr Nor Laegeforen* 133: 2257-2262.
5. Ezaz G, Trivedi HD, Connelly MA, Filozof C, Howard K, LP M, et al. (2020) Differential associations of circulating microRNAs with pathogenic factors in NAFLD. *Hepatol Commun* 4: 670-680.
6. Mäkimattila S, Harjutsalo V, Forsblom C, Groop PH (2020) FinnDiane Study Group. every fifth individual with type 1 diabetes suffers from an additional autoimmune disease: a Finnish nationwide study. *Diabetes Care* 43: 1041-1047.
7. Adamsson Eryd S, Svensson AM, Franzén S, Eliasson B, Nilsson PM, Gudbjörnsdóttir S (2017) Risk of future microvascular and macrovascular disease in people with Type 1 diabetes of very long duration: a national study with 10-year follow-up. *Diabet Med* 34: 411-418.
8. Bjerg L, Hulman A, Carstensen B, Charles M, Witte DR, Jørgensen ME (2019) Effect of duration and burden of microvascular complications on mortality rate in type 1 diabetes: an observational clinical cohort study. *Diabetologia* 62: 633-643.
9. Rogowicz-Frontczak A, Falkowski B, Grzelka-Wozniak A, Uruska A, Araszkiewicz A, et al. (2020) Does autoimmune hypothyroidism increase the risk of neurovascular complications in Type 1 diabetes? *J Endocrinol Invest* 43: 833-839.
10. Penno G, Solini A, Bonora E (2013) Renal Insufficiency and Cardiovascular Events Study Group. HbA1c variability as an independent correlate of nephropathy, but not retinopathy, in patients with type 2 diabetes: the Renal Insufficiency And Cardiovascular Events (RIACE) Italian Multicenter Study. *Diabetes Care* 36: 2301-2310.
11. Chiu WC, Lai YR, Cheng BC, Huang CC, Chen JF, et al. (2020) HbA1C Variability Is Strongly Associated with Development of Macroalbuminuria in Normal or Microalbuminuria in Patients with Type 2 Diabetes Mellitus: A Six-Year Follow-Up Study. *Biomed Res Int* 25: 7462158.
12. Lee S, Liu T, Zhou J, Zhang Q, Wong WT, et al. (2021) Predictions of diabetes complications and mortality using HbA1c variability: a 10-year observational cohort study. *Acta Diabetol* 58: 171-180.