

Diabetes and Cardiovascular Disease

National Diabetes Education Program Quarterly Webinar Series

Wednesday, February 20, 2013

2-3 PM ET



National Diabetes Education Program

A program of the National Institutes of Health and the Centers for Disease Control and Prevention



National Institutes
of Health





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Webinar Presenters

John Buse, M.D., Ph.D.

Chair, National Diabetes Education Program
Director, Diabetes Care Center and Chief, Division of
Endocrinology, UNC Chapel Hill School of Medicine

Mary Jo Mehelich, R.N., M.P.H.

Nurse Specialist, Minnesota Department of Health
Heart Disease and Stroke Prevention Unit

Joanne Gallivan, M.S., R.D.

Director, National Diabetes Education Program
National Institutes of Health



National Diabetes Education Program

- US Department of Health and Human Services program jointly sponsored by:
 - National Institutes of Health
 - Centers for Disease Control and Prevention
 - With over 200 public and private partners
- Seeks to reduce the burden of diabetes in the US by:
 - facilitating adoption of proven approaches to prevent or delay the onset and progression of diabetes and its complications



Webinar Objectives

- Discuss the relationship between diabetes and cardiovascular disease (CVD)
- Discuss research findings related to diabetes and cardiovascular disease and the implications of these findings
- Provide resources to help participants promote diabetes and heart health messages



Webinar Logistics

- All lines are muted
- Two ways to ask questions during Q&A period:
 1. Type your question into “chat section” and we will read your question aloud
 2. Click the “raise hand” icon and we will call your name and unmute your line allowing you to ask your question

Diabetes and Cardiovascular Disease

John Buse, M.D., Ph.D.

Chair, National Diabetes Education Program

Verne S. Caviness Distinguished Professor

Chief, Division of Endocrinology

University of North Carolina School of Medicine



Disclosures

- Dr. Buse is an investigator and/or consultant without any direct financial benefit to me under contracts between my employer and the following companies: Abbott, Amylin, Andromeda, Astra-Zeneca, Bayhill Therapeutics, BD Research Laboratories, Boehringer-Ingelheim, Bristol-Myers Squibb, Catabasis, Cebix, Diartis, Elcylex, Eli Lilly, Exsulin, Genentech, GI Dynamics, GlaxoSmithKline, Halozyme, Hoffman-LaRoche, Johnson & Johnson, LipoScience, Medtronic, Merck, Metabolic Solutions Development Company, Metabolon, Novan, Novella, Novartis, Novo Nordisk, Orexigen, Osiris, Pfizer, Rhythm, Sanofi, Spherix, Takeda, Tolorex, TransPharma, Veritas, and Verva



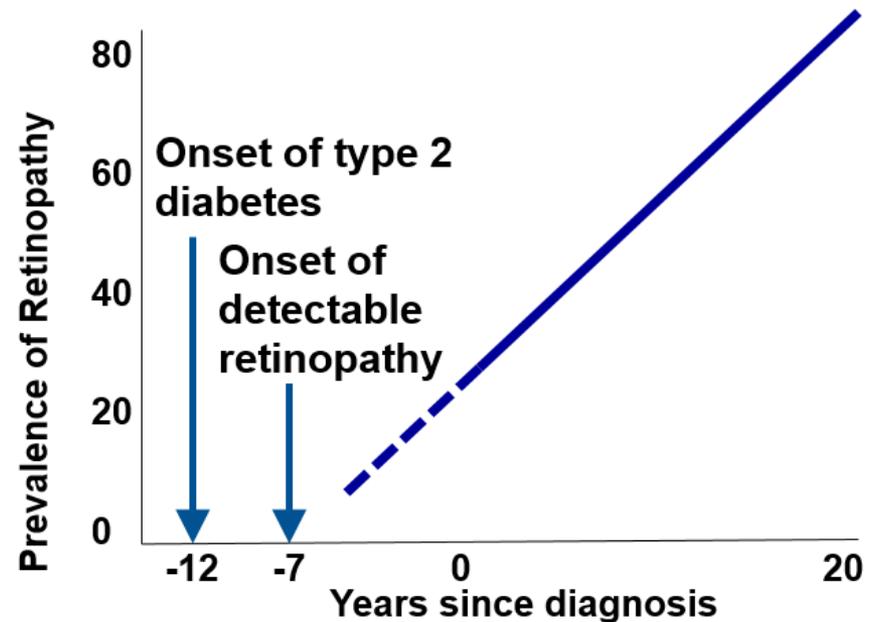
Overview

- Type 2 diabetes: a silent killer
 - Asymptomatic, often undiagnosed
 - Insulin resistance associated factors and associated clinical risks
- Current approaches for CVD risk management
 - Screen for diabetes and its co-morbidities
 - Manage tobacco, lipids, blood pressure, glucose in everyone
 - Aspirin therapy for selected individuals

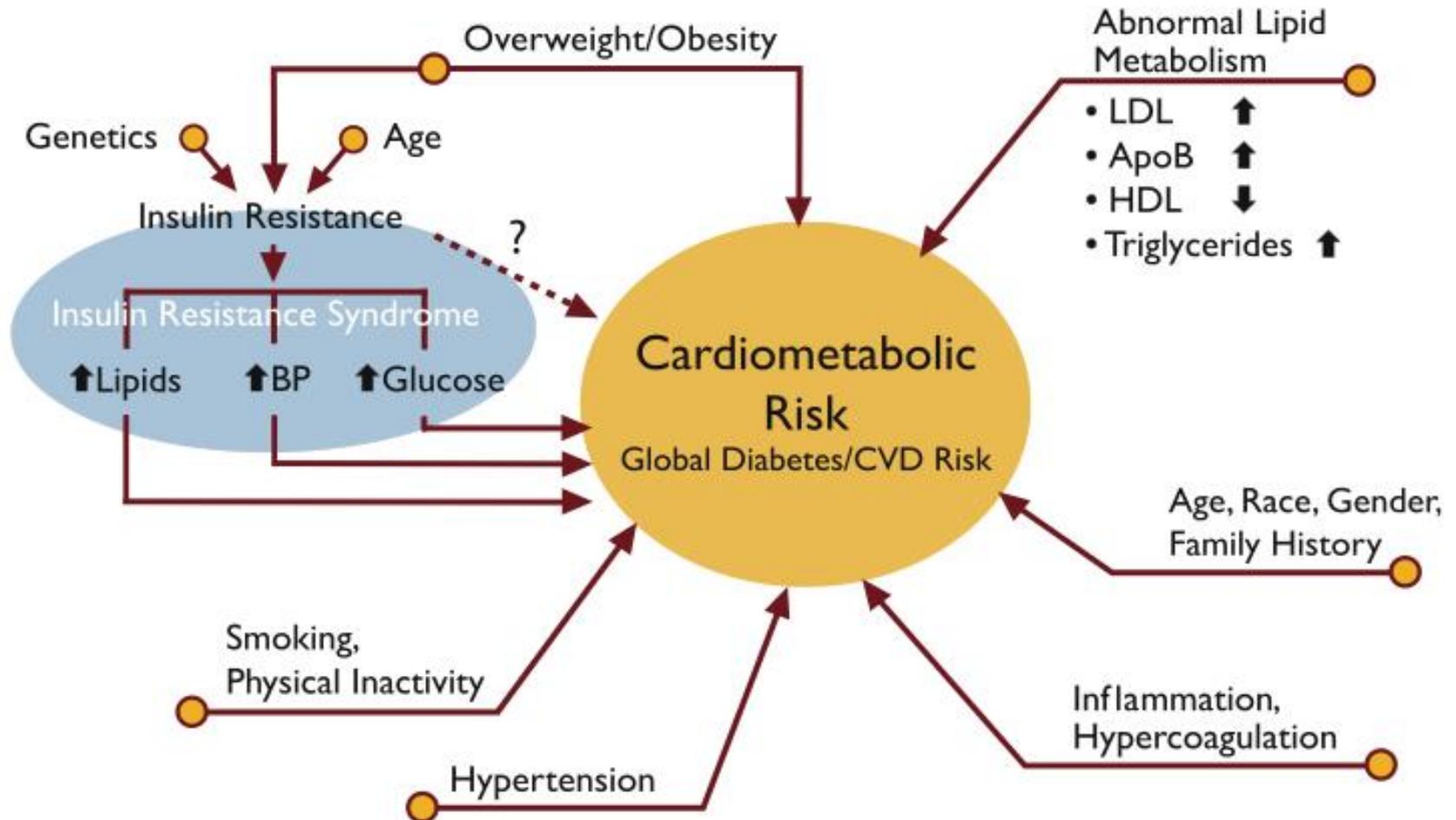


Diabetes: Asymptomatic Opportunity

- 1/4 of people with diabetes are undiagnosed
- Screening detects diabetes 10 to 12 years earlier
- “Legacy effect”

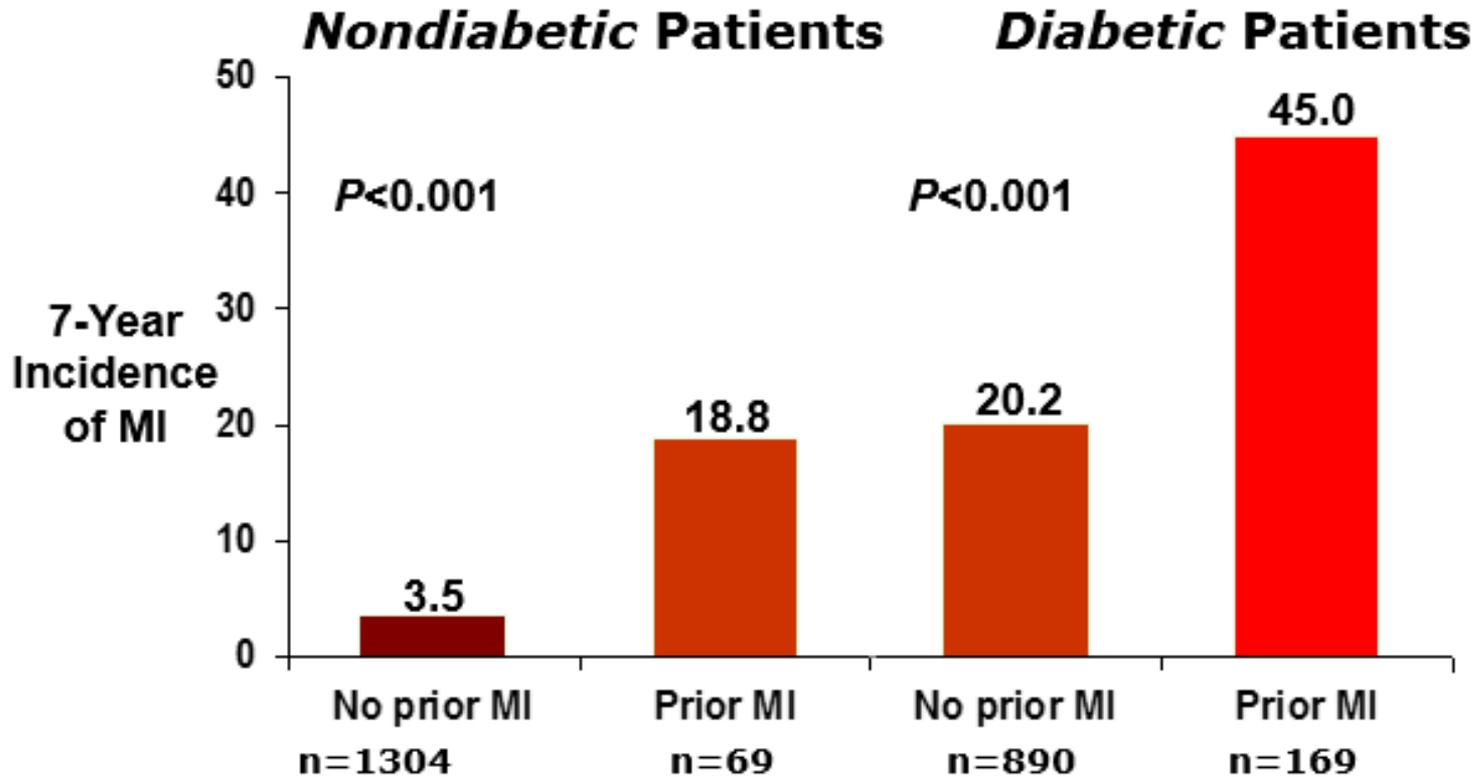


Cardiometabolic Risk





Diabetes is a CVD Risk Equivalent



More recent studies suggest that this is perhaps only true for those with fairly long-standing diabetes – duration over ten years.

Haffner SM et al. *N Engl J Med.* 1998;339:229; *Arch Intern Med.* 2011;171:404

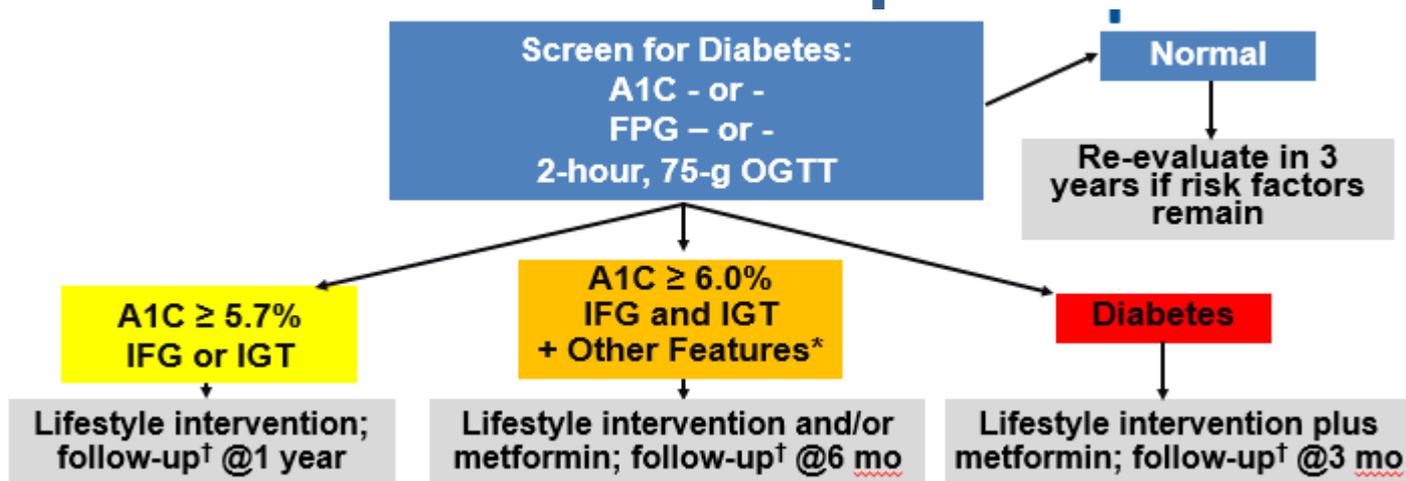


What are we to do?

- Current approaches for CVD risk management
 - Screen for diabetes and its co-morbidities
 - <http://ndep.nih.gov/am-i-at-risk/DiabetesRiskFactors.aspx>
 - <http://ndep.nih.gov/am-i-at-risk/diabetes-risk-test.aspx>
 - Manage tobacco, lipids, blood pressure, glucose in everyone
 - http://ndep.nih.gov/media/tch_asam_flyer_eng.pdf
 - Aspirin therapy for selected individuals



Screening and Diagnosis: Intervention and Follow-Up



- IFG: fasting (8 hours) plasma glucose 100-125 mg/dL
- IGT: 2-hour value in 75-g OGTT 140-199 mg/dL

† Follow-up here refers to formal reassessment of glycemic status. Follow-up should be individualized with respect to venue, frequency and goals.

* “Other features”: < 60 years old, BMI ≥ 30 kg/m² and either A1C > 6.0%, hypertension, low HDL, high triglycerides or family history of diabetes in first-degree relative

- Diabetes: A1C ≥6.5%, fasting ≥126 mg/dl, 2-hour ≥200 mg/dl; should be confirmed on a separate day unless unequivocally elevated and/or symptomatic

METFORMIN IS NOT FDA
APPROVED FOR
PREVENTION



UKPDS: “Legacy Effect”

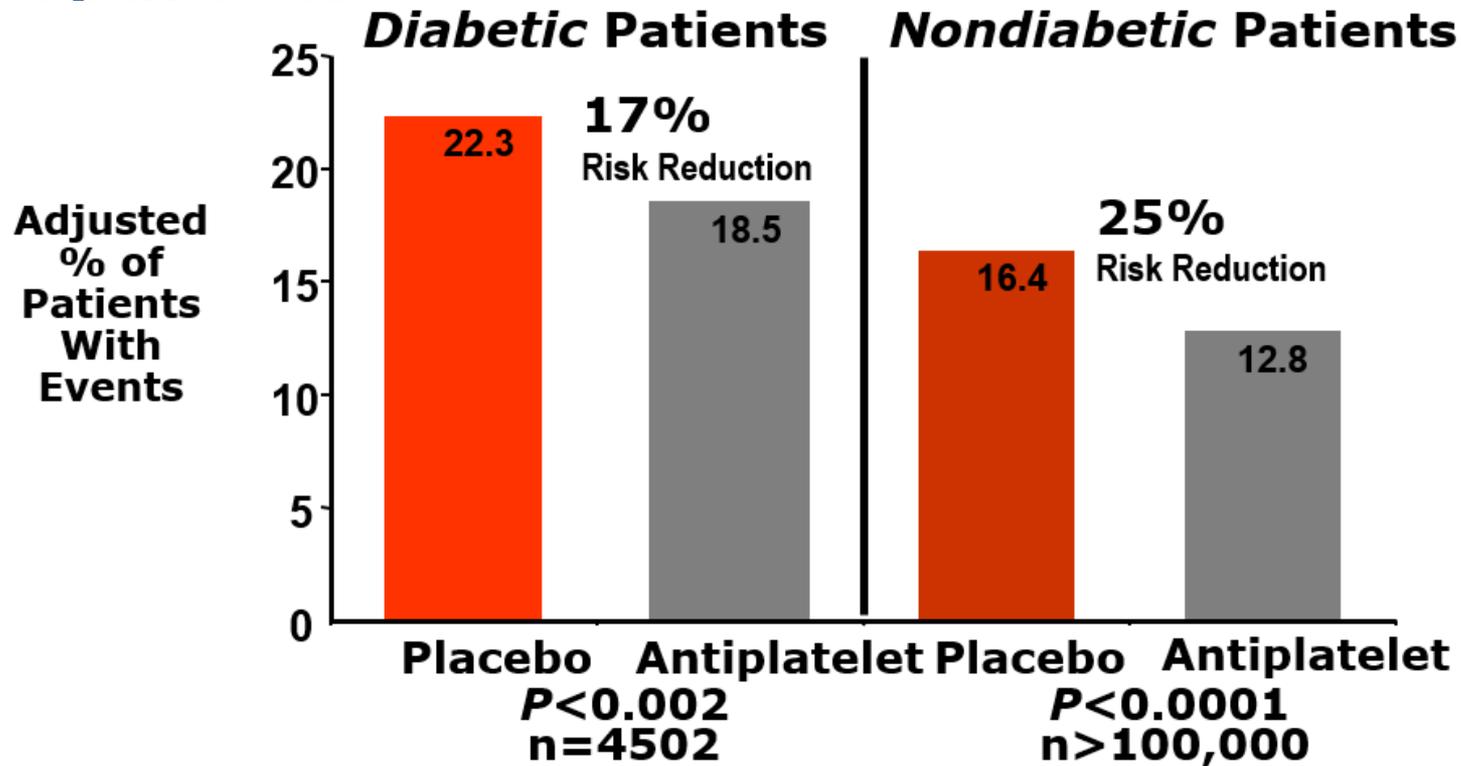
After median 8.8 years post-trial follow-up

Aggregate Endpoint		1997	2007
Any diabetes related endpoint	<i>RRR:</i>	12%	9%
	<i>P:</i>	0.029	0.040
Microvascular disease	<i>RRR:</i>	25%	24%
	<i>P:</i>	0.009	0.001
Myocardial infarction	<i>RRR:</i>	16%	15%
	<i>P:</i>	0.052	0.014
All-cause mortality	<i>RRR:</i>	6%	13%
	<i>P:</i>	0.44	0.007

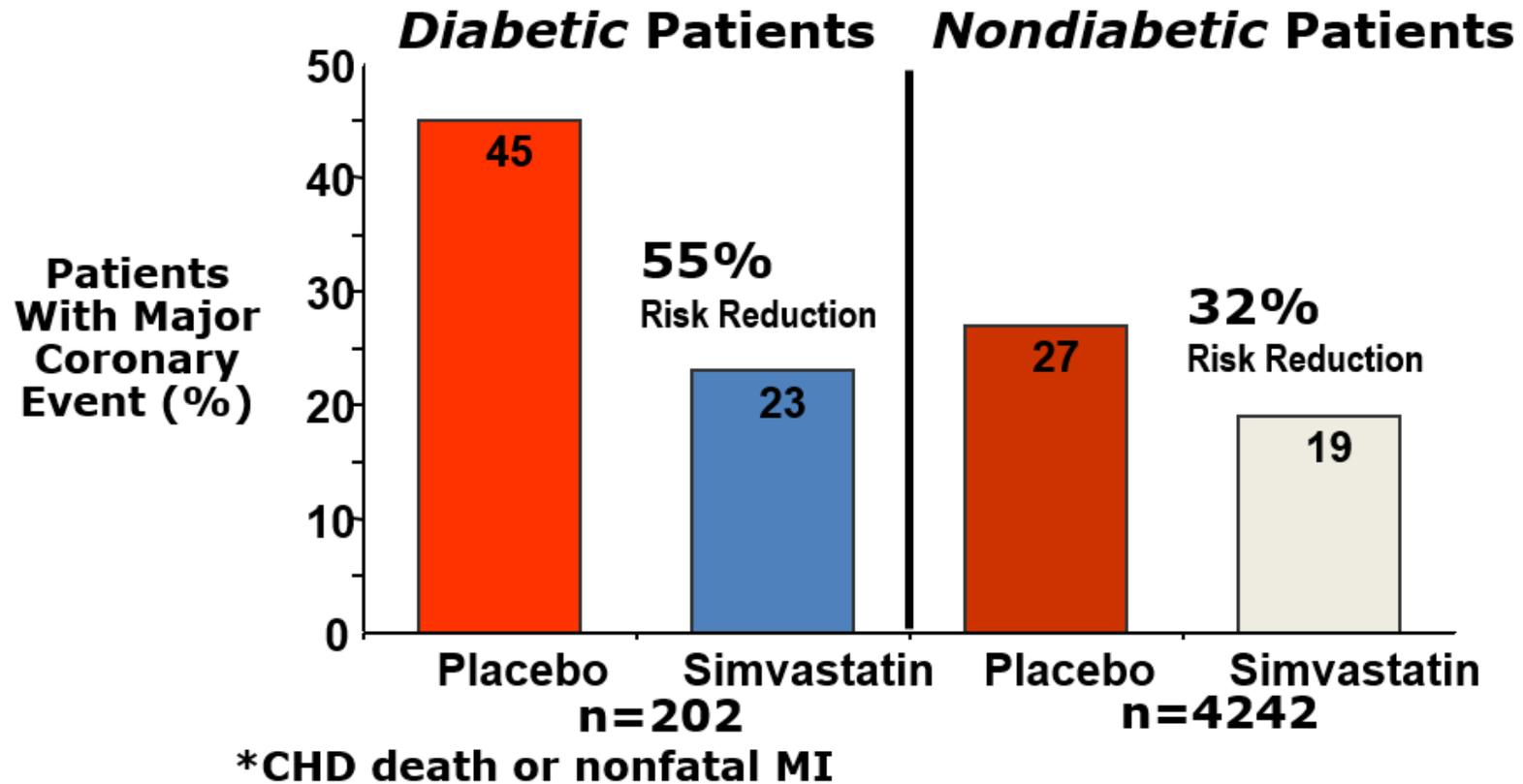
RRR = Relative Risk Reduction

P = Log Rank

Antiplatelet Trialists' Collaboration: Antiplatelet therapy reduces CV events in high-risk patients



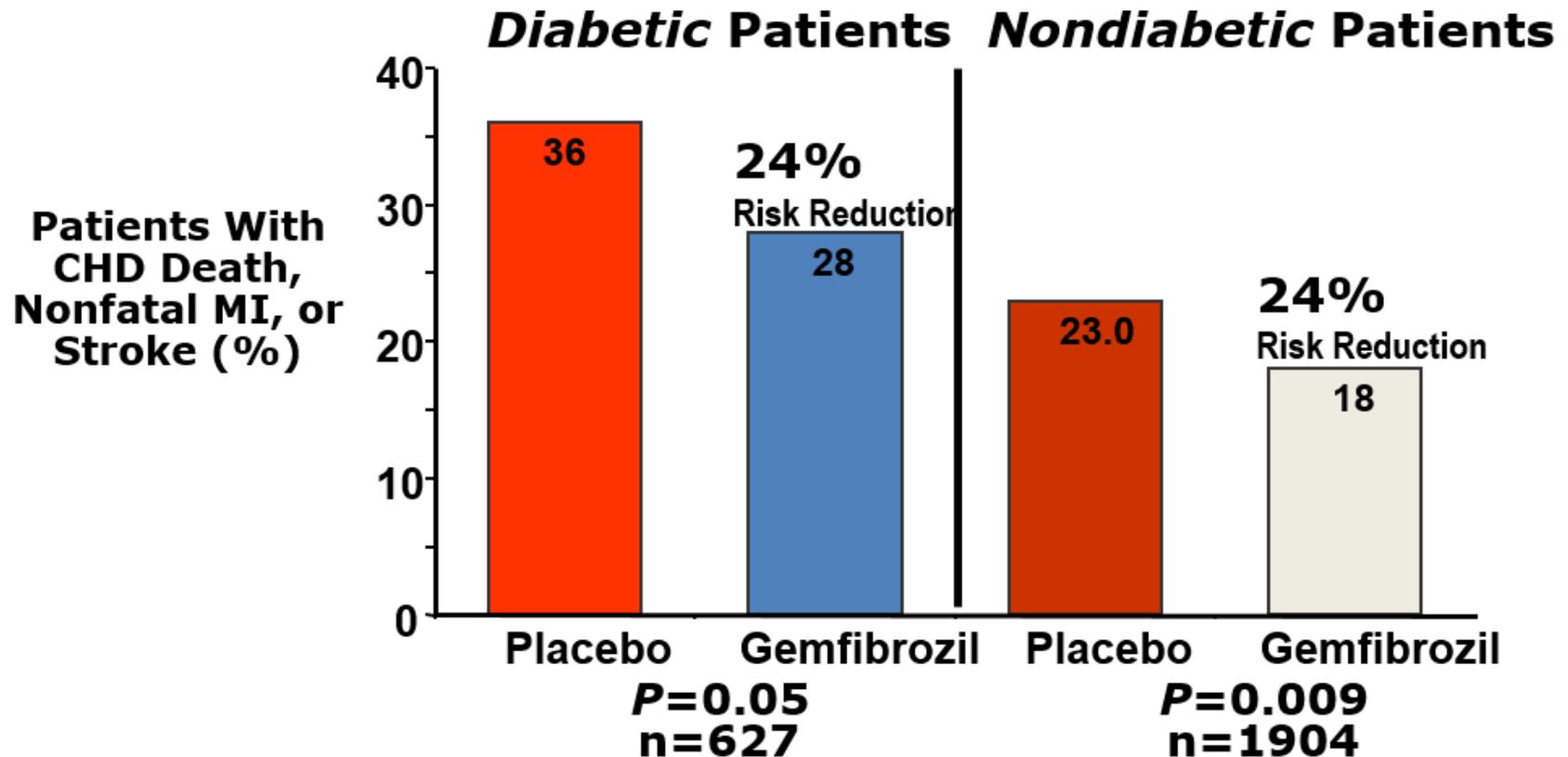
4S: Statins reduce coronary events





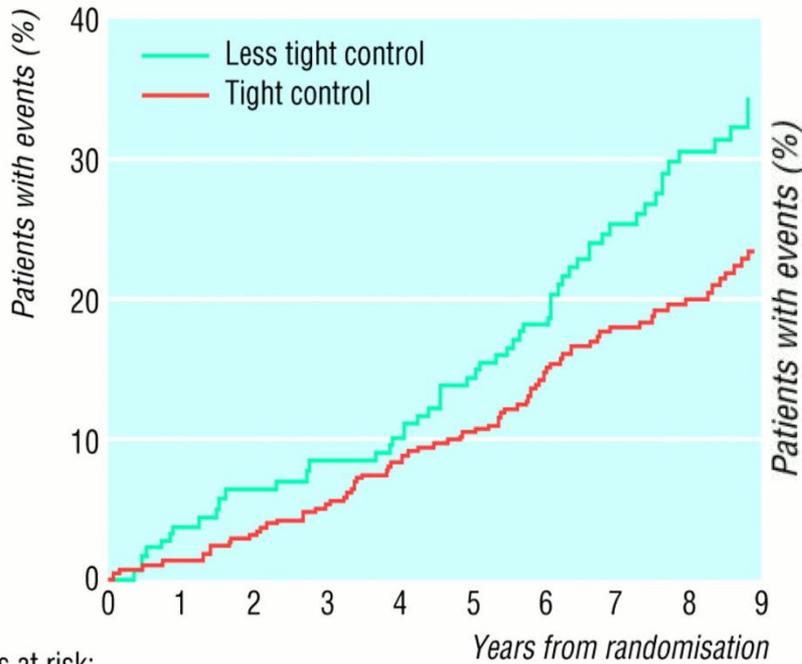
VA-HIT: Gemfibrozil reduces vascular events

Note: Similar effects not seen with fenofibrate or niacin in other trials



UKPDS Blood Pressure Study

Diabetes-related deaths

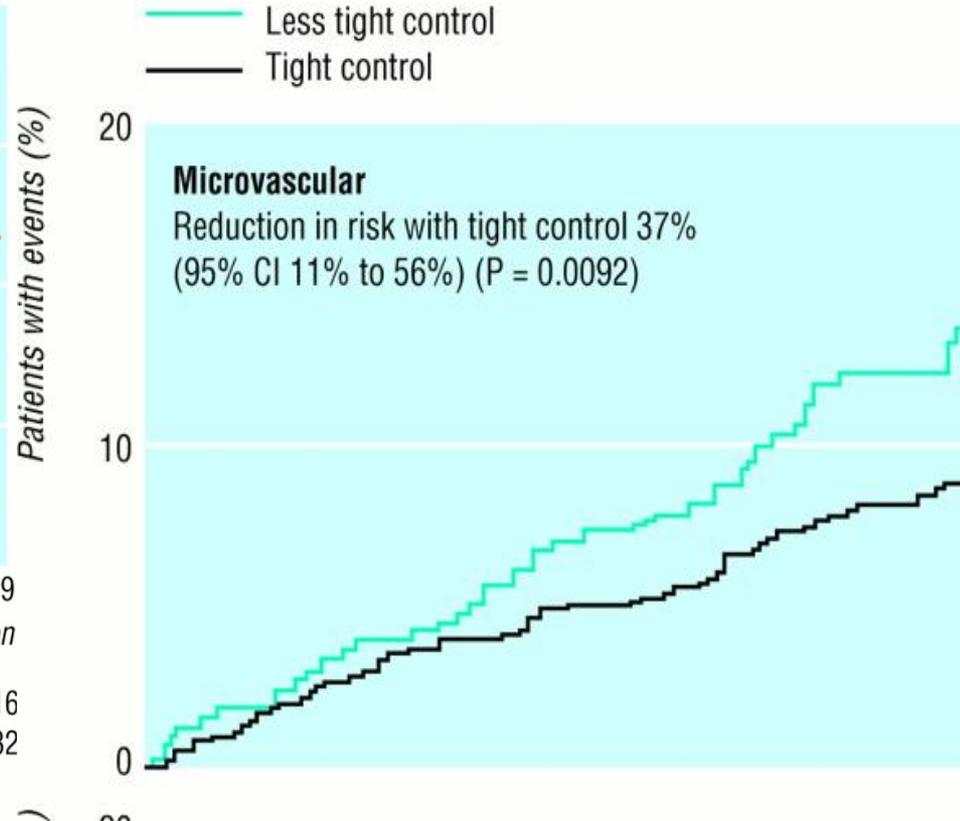


No of patients at risk:

Less tight control	390	370	323	16
Tight control	758	728	630	32

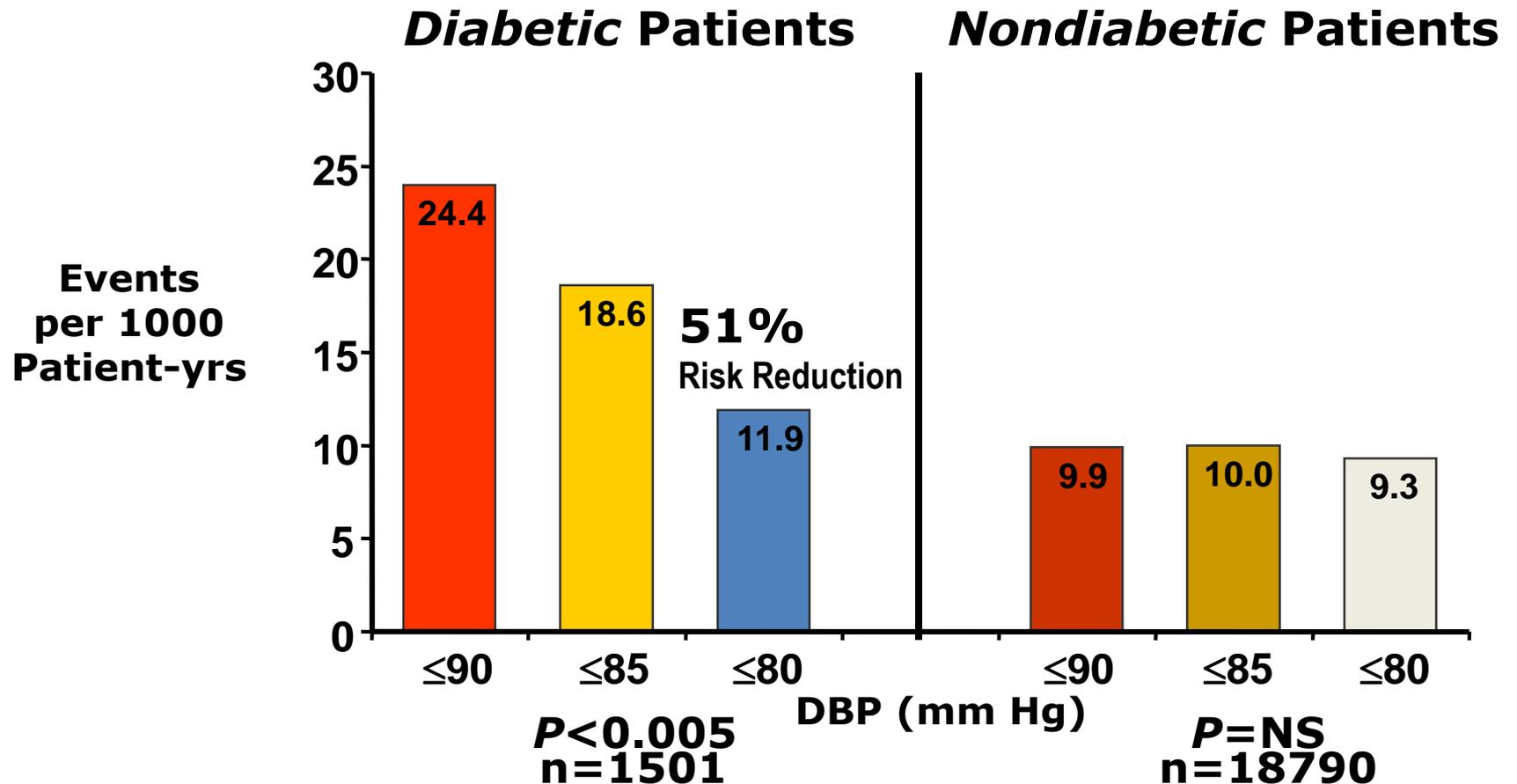
Reduction in risk with tight control 32% (95% CI 6% to 51%)(P = 0.019)

Microvascular Disease





HOT Trial: Diastolic BP and CV events, subgroup analysis





ACCORD: Exploring lower targets

Three randomizations:

- A1C target <6% vs 7-8%
- SBP 130-140 mmHg vs <120 mmHg
- Statin to get LDL to goal plus either fenofibrate or placebo

Three results:

- More intensive glycemic control
 - microvascular benefit
 - no CVD benefit
 - Increased mortality
- More intensive BP control
 - no CVD benefit
 - less stroke
- Fibrate plus statin
 - no CVD benefit
 - microvascular benefit



“Standards of Medical Care” from the American Diabetes Association

- An update of standards of care appears annually in the January supplement of the journal “Diabetes Care”

http://care.diabetesjournals.org/content/36/Supplement_1/S11.full.pdf+html



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Tobacco

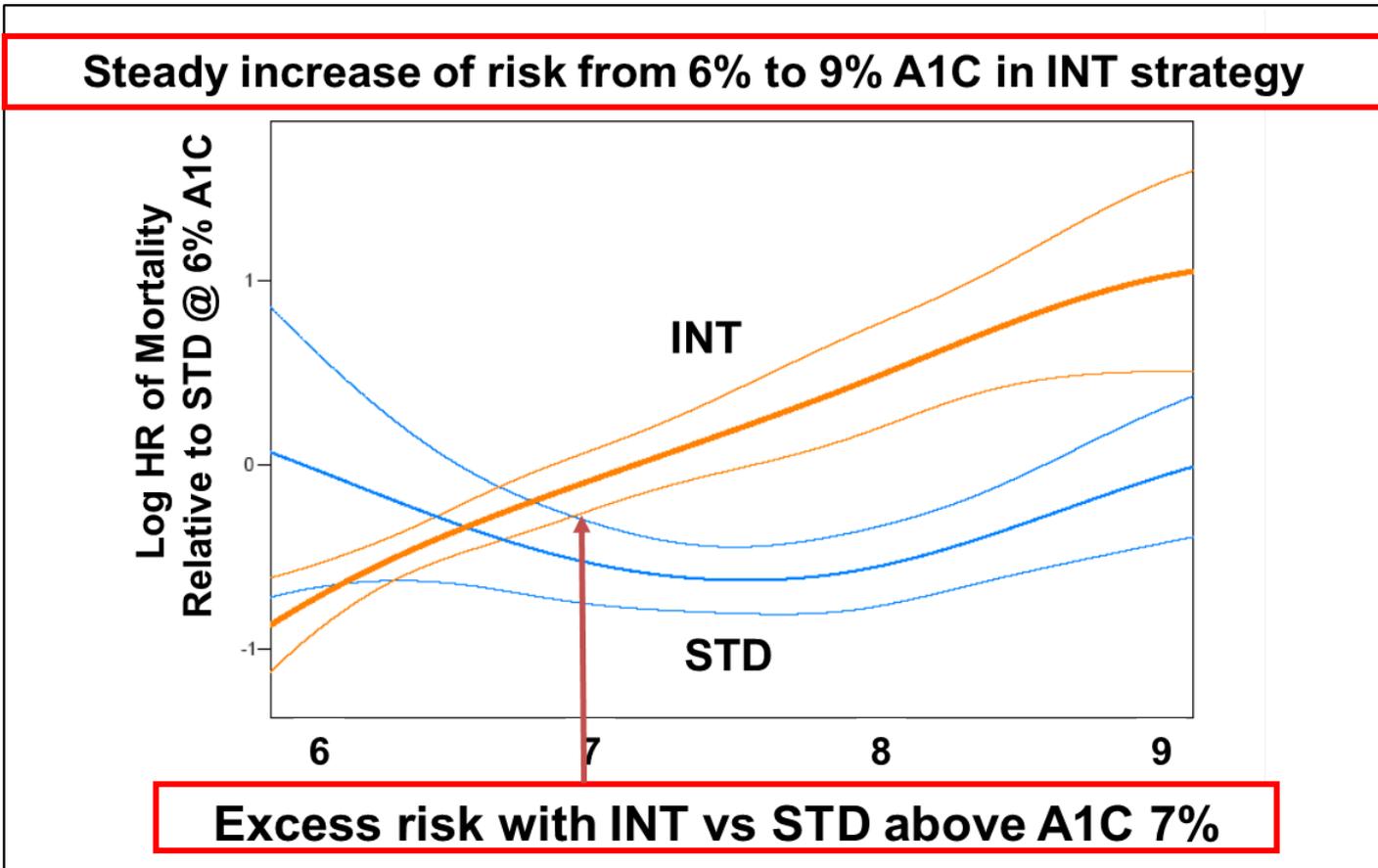




Glycemic targets must be individualized:

- A1C <7.0 % in general
- Preprandial plasma glucose 70- 130 mg /dL
- Peak postprandial plasma glucose < 180 mg /dL
- More stringent A1C goals (<6%) should be considered in individual patients with recent onset and long life expectancy
- Less stringent goals are reasonable in those with frequent or severe hypoglycemia, advanced complications and those who respond poorly to therapy

ACCORD Mortality: It's not the A1C that's the problem





Dyslipidemia

- Statin therapy should be added to lifestyle therapy, regardless of baseline lipid levels, for diabetic patients:
 - with overt CVD (A)
 - without CVD who are over the age of 40 and have one or more other CVD risk factors (family history of CVD, hypertension, smoking, dyslipidemia, or albuminuria). (A)
- For lower-risk patients than the above (e.g., without overt CVD and under the age of 40 years), statin therapy should be considered if LDL cholesterol remains above 100 mg/dL or in those with multiple CVD risk factors. (C)
- In individuals without overt CVD, the goal is LDL cholesterol <100 mg/dL. (B)
- In individuals with overt CVD, a lower LDL cholesterol goal of <70 mg/dL, using a high dose of a statin, is an option. (B)
- Combination therapy has been shown not to provide additional cardiovascular benefit above statin therapy alone and is not generally recommended. (A)



Hypertension

- Goals (for people with diabetes and hypertension)
 - Systolic blood pressure goal of <140 mmHg. (B)
 - Lower targets, such as <130 mmHg, may be appropriate for certain individuals, such as younger patients, if it can be achieved without undue treatment burden. (C)
 - Diastolic blood pressure <80 mmHg. (B)
- Treatment (for people with diabetes and hypertension)
 - With confirmed blood pressure $\geq 140/80$ mmHg: lifestyle therapy + prompt initiation/timely titration of drugs to achieve goals. (B)
 - Include either an ACE inhibitor or an angiotensin receptor blocker. (C)
 - Multiple-drug therapy (two or more agents at maximal doses) is generally required. (B)
 - Administer one or more antihypertensive medications at bedtime. (A)



Anti-thrombotic Therapy

- Consider aspirin therapy (75–162 mg/day) as a primary prevention strategy in those with increased cardiovascular risk (10-year risk >10%). This includes most men aged >50 years or women aged >60 years who have at least one additional major risk factor (family history of CVD, hypertension, smoking, dyslipidemia, or albuminuria). (C)
- Use aspirin therapy (75–162 mg/day) as a secondary prevention strategy in those with diabetes with a history of CVD. (A)



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Webinar Poll

What is the most important factor in managing CV risk in a middle-aged patient with T2DM, Hypertension, and Dyslipidemia?

Use the webinar panel to select your answer



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Minnesota Diabetes & Heart Health Collaborative Initiatives

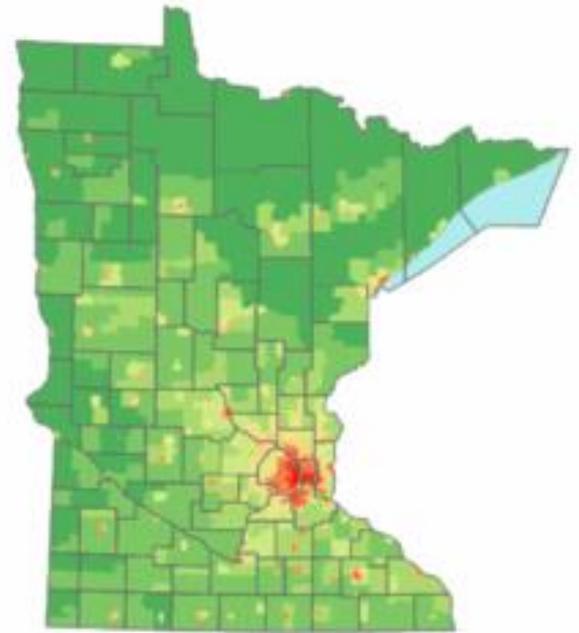


Mary Jo Mehelich, RN, MPH
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About Minnesota

- **Mostly white, educated, urban**
 - 5.4 million people
 - 60% reside in metro area
 - 92% high school graduate or higher
 - 83% non-Hispanic White population
 - 89% living above poverty level
- **Increasing diversity**
 - 7% foreign-born
 - 80% state's growth due to minority population increases
 - 100+ languages spoken by kids entering metro schools
- **Significant health disparities**





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MN-DC Diabetes & Heart Disease Campaigns - Overview



Minnesota Diabetes &
Heart Health Collaborative

- ***Control Your Diabetes for Life!*** health literacy educational tools covering 24 self-care topics
- ***Make the Link - Diabetes and Heart Disease*** messages for consumers or providers
- ***Is Diabetes or Heart Disease in Your Family Tree?*** family history risk awareness campaign



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Control your diabetes for life!

Patient Education Tool Set

- **Users:** lay or professional health educators
- **Audience:** adults with diabetes
- **Content:** 9 basic subjects, 15 self-care topics, behavior changes tips, goal setting work sheets
- **NDEP sources:** “4 Steps to Control Your Diabetes. For Life,” “Know Your Diabetes ABCs,” “Diabetes HealthSense,” others
- **Evaluation:** Pilot tested at 50 clinics; 100% satisfaction; stimulated discussion/goal setting; plain language valued





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Diabetes and Heart Disease

Make the Link



- **Audience:** people with diabetes; providers
- **Materials:** 1-page patient handouts (set of 3); provider fact sheets; print ads; news releases
- **NDEP sources:** “Take Care of Your Heart. Manage Your Diabetes,” “Know Your Diabetes ABCs” and others
- **Evaluation:** users value simple messages, resource links & colorful graphics





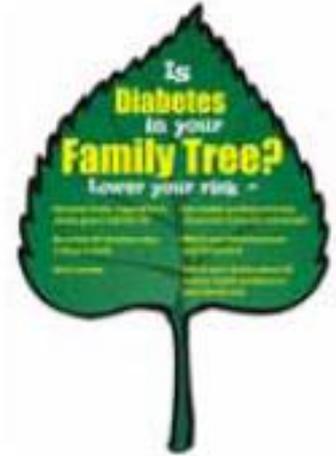
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Is Diabetes or Heart Disease
in Your Family Tree?



Family History Risk Awareness Campaign



- **Audience:** general public; people with diabetes and/or heart disease
- **Materials:** print ad, fact sheet, handout, hand-held fan
- **NDEP sources:** “Am I at Risk?”
- **Evaluation:** Action steps makes this message popular; valued by people with the disease who worry about their family’s risk



Lessons Learned

- Leverage partners' existing communication vehicles – large reach, no cost
- Content expertise not needed by group if using NDEP
- Even literate people prefer simple, plain language materials
- Photos preferred – must consider cultural appropriateness
- People with diabetes/heart disease are effective advocates of prevention messages with their families & communities

NDEP National Diabetes Survey: Diabetes and Heart Disease

Joanne Gallivan, M.S., R.D.

Director, National Diabetes Education Program
National Institutes of Health



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NNDS: Diabetes and Heart Disease

- Awareness of link between diabetes and heart disease has decreased
 - Percentage of people with diabetes who said heart attacks were a serious health problem caused by diabetes **decreased** from 1 in 5 people making the connection in 2006 to about 1 in 20 in 2011
 - Among the general population, only 1 of every 5 people age 45 and older thought heart conditions were among the most serious health problems caused by diabetes



NNDS: Diabetes and Heart Disease Implications

- Need for more education, information, and messaging about the link between diabetes and heart disease
- Health care providers play an important role in providing advice to people on how to lower their risk for heart disease

NDEP Resources for Diabetes and Heart

www.ndep.nih.gov

Usted es el corazón de la familia ...cuide su corazón.

You are the heart of your family ...take care of it.



PROGRAMA NACIONAL DE EDUCACIÓN SOBRE LA diabetes
www.diabetesinformation.org o 1-888-693-6337 (1-888-693-6337)
 El Programa Nacional de Educación sobre la Diabetes (NDEP) de la Salud y Servicios Humanos de los Estados Unidos es un proyecto de los **Institutos Nacionales de la Salud (NIH)** y **Centros para el Control y la Prevención de Enfermedades** Cuenta con el apoyo de más de 200 organizaciones en los Estados Unidos.

NATIONAL DIABETES EDUCATION PROGRAM
www.YourDiabetesInfo.org or 1-888-693-NDEP (1-888-693-6337)
 The U.S. Department of Health and Human Services' **Natio** Education Program (NDEP) is jointly sponsored by the **Natio** of Health (NIH) and the **Centers for Disease Control and P** with the support of more than 200 partner organiza

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Public Health Service
 National Institutes of Health
 National Institute of Diabetes and Digestive and Kidney Diseases

You are the heart of your family ...take care of it.

Having diabetes can lead to a heart attack or stroke — but it doesn't have to.

You can do things to help your family by taking care of your heart. Over time, high sugar levels in the blood can damage vital organs, such as your kidneys, your eyes, and your feet. High blood pressure is a serious disease that makes your heart work too hard. And bad cholesterol (LDL cholesterol) builds up and clogs your heart's arteries. Controlling these medical problems helps to a longer and healthier life.

Ask your doctor these questions:

1. What are my blood sugar, blood pressure, and cholesterol numbers?
2. What actions should I take to reach these goals?
3. What actions should I take to reach these goals?

Take action now:

- Eat more fruits, vegetables, beans, and whole grains.
- Get at least 30 minutes of physical activity on most days or every day. Physical activity helps you keep a healthy weight.
- Stop smoking — ask for help to quit. Call 1-800-QUIT-NOW (1-800-784-8686).

Take Care of Your Heart. Manage Your Diabetes.

If you have diabetes, take care of your heart. Having diabetes means you are more likely to have a heart attack or a stroke. So it doesn't have to — if you take care of your diabetes.

One way, high blood glucose (sugar) can hurt organs in your body such as your kidneys and your eyes. High blood pressure can make your heart work too hard. And bad cholesterol (LDL, "bad" cholesterol) builds up and clogs your heart and blood vessels. Managing all these issues can a longer and healthier life.

ASK YOUR HEALTH CARE PROVIDER THESE QUESTIONS:

- What are my blood glucose (sugar), blood pressure, and cholesterol numbers?
- What actions should I take to reach these goals?

Use the Diabetes Record Form on the other side to write down the answers to these questions.

TAKE ACTION NOW

You can take longer for your family improve your health, and reduce your risk of heart disease or stroke.

- Eat the right amounts of fruits like fruits, vegetables, beans, and whole grains.
- Get at least 30 minutes of physical activity every day.
- Stop or cut back on smoking — being active can help you keep the right amount of healthy weight.
- Stop smoking — ask for help.
- Take medicines the way your doctor tells you to.
- Ask your doctor about taking aspirin.
- Ask your family and friends to help you take care of your heart and your diabetes.

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DIABETES and your HEART

2 out of 3 people with diabetes die of heart disease or stroke. 2

Smoking doubles the risk of heart disease in people with diabetes. 1

2-4 times more likely to have heart disease or a stroke than if you do not have diabetes. 2

Smoking doubles the risk of heart disease in people with diabetes. 1

ABCs of Diabetes

A For the A1C test. The A1C test shows you what your blood sugar (glucose) has been over the last three months. High blood sugar levels can harm your heart and blood vessels, kidneys, feet, and eyes.

B For Blood pressure. High blood pressure makes your heart work too hard. It can cause heart attack, stroke, and kidney disease.

C For Cholesterol. One kind of cholesterol, called LDL, can build up and clog your blood vessels. It can cause heart attack or stroke. Ask what your cholesterol numbers should be.

Ask your health care team: What your A1C, blood pressure, and cholesterol numbers are. What your ABC numbers should be and what you can do to reach your ABC goals.

Tips to reduce your risk for heart disease.

- **Stop Smoking**
- **Manage Weight**
- **Make Healthy Food Choices**
- **Stay Active**

Know Your ABCs of Diabetes
 Talk to your health care team about how to manage your A1C, blood pressure, and cholesterol. This will help lower your chances of having heart attack, a stroke, or other diabetes problems.

To learn more, visit www.YourDiabetesInfo.org or call 1-888-693-NDEP (1-888-693-6337).



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Managing Diabetes – It's not easy, but it's worth it.

Managing Diabetes

Yo controlo mi diabetes

I made a plan. It wasn't easy, but I did it. So can you.

It's not easy, but it's worth it.

People who learn to manage their diabetes from the start have fewer health problems from diabetes years later. You can too. Learn how to better manage your diabetes. Order a free booklet, 4 Steps to Control Your Diabetes. For Life from the National Diabetes Education Program to learn more.

For more information, visit www.YourDiabetesInfo.org or call **1-888-693-NDEP** (63377), TTY: 1-866-569-1162.

The U.S. Department of Health and Human Services, National Diabetes Education Program (NDEP) is a joint endeavor of the National Institutes of Health and the Centers for Disease Control and Prevention (CDC) with the support of more than 300 partner organizations.

Managing Diabetes

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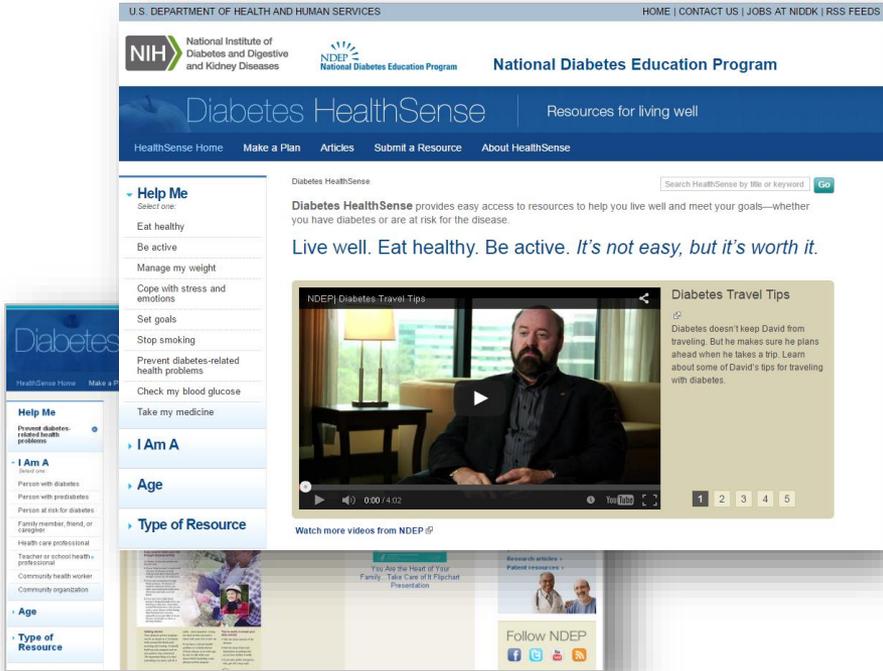
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Additional NDEP Resources

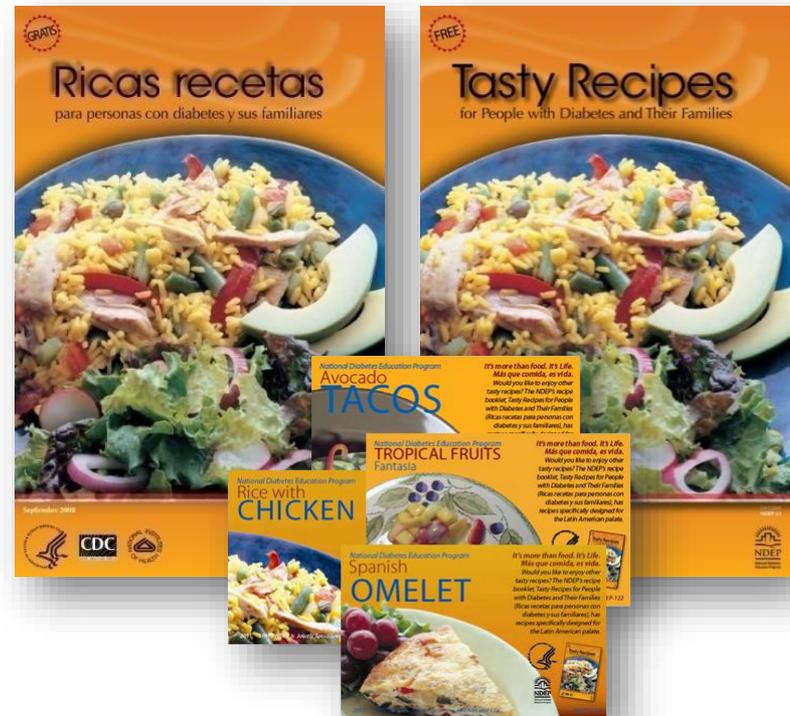


The screenshot shows the Diabetes HealthSense website. At the top, it says "U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES" and "HOME | CONTACT US | JOBS AT NIDDK | RSS FEEDS". Below that are logos for NIH, NDEP, and the National Diabetes Education Program. The main heading is "Diabetes HealthSense Resources for living well". A navigation bar includes "HealthSense Home", "Make a Plan", "Articles", "Submit a Resource", and "About HealthSense". A search bar is present with the text "Search HealthSense by title or keyword".

On the left, there is a "Help Me" sidebar with options like "Eat healthy", "Be active", "Manage my weight", "Cope with stress and emotions", "Set goals", "Stop smoking", "Prevent diabetes-related health problems", "Check my blood glucose", and "Take my medicine". Below this is a section for "I Am A" with categories: "Person with diabetes", "Person with prediabetes", "Person at risk for diabetes", "Family member, friend, or caregiver", "Health care professional", "Teacher or school health professional", "Community health worker", and "Community organization".

The main content area features a video titled "Diabetes Travel Tips" with a play button and a description: "Diabetes doesn't keep David from traveling. But he makes sure he plans ahead when he takes a trip. Learn about some of David's tips for traveling with diabetes." Below the video are social media icons for Facebook, Twitter, YouTube, and LinkedIn, and a "Follow NDEP" button.

Diabetes HealthSense
www.ndep.nih.gov/HealthSense



Tasty Recipes for People with Diabetes and Their Families and Recipe Card Sets



Resources from the National Diabetes Information Clearinghouse (NDIC)

<http://diabetes.niddk.nih.gov/>

Diabetes, Heart Disease, and Stroke

National Diabetes Information Clearinghouse



Having diabetes or prediabetes puts you at increased risk for heart disease and stroke. You can lower your risk by keeping your blood glucose (also called blood sugar), blood pressure, and blood cholesterol close to the recommended target numbers—the levels suggested by diabetes experts for good health. (For more information about target numbers for people with diabetes, see page 6.) Reaching your targets also can help prevent narrowing or blockage of the blood vessels in your legs, a condition called peripheral arterial disease. You can reach your targets by

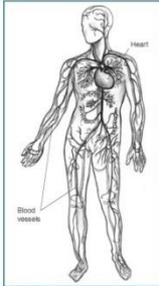
- choosing foods wisely
- being physically active
- taking medications if needed

If you have already had a heart attack or a stroke, taking care of yourself can help prevent future health problems.

What is diabetes?

Diabetes is a disorder of metabolism—the way our bodies use digested food for energy. Most of the food we eat is broken down into glucose, the form of sugar in the blood. Glucose is the body's main source of fuel.

After digestion, glucose enters the bloodstream. Then glucose goes to cells throughout the body where it is used for energy. However, a hormone called insulin must be present to allow glucose to enter the cells. Insulin is a hormone produced by the pancreas, a large gland behind the stomach.



Diabetes can lead to heart and blood vessel disease.



Diabetes, Heart Disease, and Stroke What You Need to Know

Did you know that the most serious health problem for people with diabetes is heart disease?

If you have had diabetes for a long time, you are more than twice as likely as people without diabetes to have heart disease or a stroke. Your chance of having a heart attack is the same as someone who has already had one. And having a heart attack or stroke makes it more likely that you will have another.

You can lower your risk by keeping your blood glucose, blood pressure, and cholesterol under control.

Will other problems increase my risk for heart disease or stroke? Your chances of getting heart disease or having a stroke are even higher if

- one or more members of your family had a heart attack at an early age—before age 55 for men or 65 for women
- you carry extra weight around your waist
- your LDL (bad) cholesterol or triglycerides, another type of blood fat, are high
- your HDL (good) cholesterol is low
- you have high blood pressure
- you smoke

What can I do to prevent heart disease and stroke?

Talk with your doctor about what your goals should be for blood glucose, blood pressure, and cholesterol. Your health care team can tell you about changes in diet, activity, and medication that will help you reach your goals.

- You can take these steps to keep your heart and blood vessels healthy:
 - Follow a "heart-healthy" meal plan that your doctor or a dietitian designs for you.
 - Take your medicines as directed and keep taking them, even after you've reached your goals.
 - If you smoke, quit.
 - Ask your doctor if you should take aspirin to prevent heart disease or stroke.



Las enfermedades del corazón y los derrames cerebrales

- no control del LDL (malo) o triglicéridos, un tipo de grasa en la sangre, están altos
- no control del HDL (bueno) es bajo
- tiene presión arterial alta
- exceso de peso

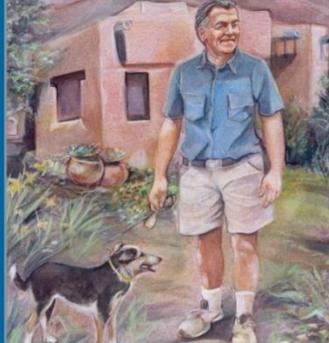
¿Qué puedo hacer para prevenir las enfermedades del corazón y los derrames cerebrales?

Hable con un profesional de salud para saber qué cambios en su dieta, actividad física y medicamentos que le ayudarán a lograr sus metas.

- Puede tomar estas medidas para mantener control de su colesterol y sus vasos sanguíneos.
 - Siga un plan de comidas "saludable para el corazón" que se centra en su dieta planeada para usted.
 - Si fuma, deje de hacerlo.
 - Pregunte a su médico si debe tomar aspirina para prevenir una enfermedad del corazón o derrames cerebrales.

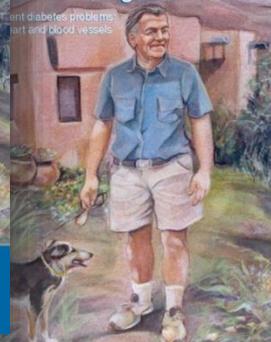


Prevent diabetes problems Keep your heart and blood vessels healthy



Prevenir los problemas de la diabetes

Mantenga sanos el corazón y los vasos sanguíneos

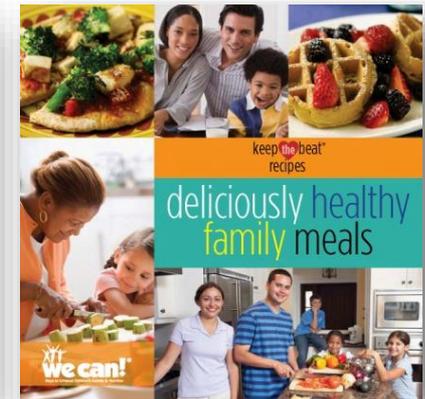
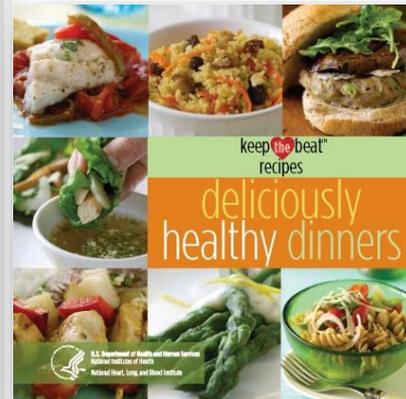




Resources from the National Heart, Lung and Blood Institute (NHLBI)

- Keep the Beat™ Heart Healthy Recipes

The screenshot shows the NHLBI website interface. At the top, there is a navigation bar with 'Public', 'Health Professionals', 'Researchers', 'Clinical Trials', 'News & Resources', and 'About NHLBI'. The main content area features the title 'Keep the Beat: Heart Healthy Recipes from the National Heart, Lung, and Blood Institute' and a sub-header 'Here is proof that what is good for your heart can be great for your taste buds!'. Below this, there is a paragraph describing the recipes and their benefits. A sidebar on the left lists 'HEALTH TOPICS' and 'RESOURCES' with 'Heart & Vascular' selected. At the bottom, there is a 'CONTACT THE HEALTH INFORMATION CENTER' link.





National Diabetes Education Program

A program of the National Institutes of Health and the Centers for Disease Control and Prevention

Webinar Page, Slides, and Evaluation

- Webinar Series Webpage
 - <http://ndep.nih.gov/resources/webinars>
- PowerPoint Slides
- Webinar Evaluation
- Certificate of Completion for Webinar Attendees

The image shows two overlapping screenshots of the NDEP website. The top screenshot displays the 'National Diabetes Education Program Webinar Series' page. It features a navigation menu with 'Research & Funding for Scientists', 'Health Information', 'About NIDDK', 'News', and 'Follow Us'. The main content area includes a search bar, a breadcrumb trail, and a list of webinar topics such as 'Practice Transformation', 'Promoting Medication Adherence', and 'GAME PLAN for Preventing Type 2 Diabetes'. A 'NEW' starburst graphic is overlaid on the bottom left of this screenshot.

The bottom screenshot shows the 'Diabetes and Cardiovascular Disease Webinar Presentation' page. It includes a navigation menu, a search bar, and a detailed description of the webinar held in February 2013, featuring speakers like John Buse, M.D., Ph.D. and Joanne Gallivan. A download link for the presentation slides is provided at the bottom.



National Diabetes Education Program

A program of the National Institutes of Health and the Centers for Disease Control and Prevention

Questions and Answers

