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**RISK OF CARDIOVASCULAR COMPLICATIONS OF TYPE 2 DIABETES MELLITUS**  
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The study is devoted to the problem of diabetes mellitus type 2 and the analysis of the main approaches to the management of the most severe cardiovascular complications. Diabetes mellitus poses one of the major and most common problems in modern medicine occupying the 3<sup>rd</sup> place after the stroke and myocardial infarction. The proportion of diabetic patients in the overall pattern of morbidity is constantly growing: 2015 – 422 mln cases whereas in 1980 there were 314 mln diabetic patients. Diabetes mellitus type 2 is a metabolic disorder characterized by high blood glucose in the context of insulin resistance and relative insulin deficiency. Diabetes is often initially managed by increasing exercise and dietary modification. Often affecting the obese, diabetes requires patients to routinely check their blood sugar. However type 1 diabetes can increase nonketonic hyperglycemia. Long-term complications caused by high blood sugar can include an increased risk of heart attacks, strokes, diabetic retinopathy and kidney failure. Loss of hearing, eyesight, and cognitive ability has also been linked to this condition. Diabetes mellitus type II (non-insulin-dependent) prevails – 95% of all diabetic cases resulting in serious complications, with cardiovascular events such as ischemic heart disease and myocardial infarction being the most severe.

Diabetes is associated with an increased risk of myocardial infarction and affects more than 30% of patients with acute coronary syndromes (ACS). Diabetic patients show a worse outcome after ACS events, a more complicated course of the disease and a higher incidence of ischemic recurrences. The analysis of attempted approaches will help to choose the most efficient therapeutic strategies and commonly employed techniques, avoid cardiovascular risks and improve the quality of life of diabetic patients.