

**Perfil cardiovascular de pacientes con Diabetes Mellitus tipo 2 en consulta externa de cardiología en una institución de alta complejidad en Barranquilla durante el año 2024**

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## RESUMEN

**Introducción:** La diabetes mellitus tipo 2 (DM2) constituye uno de los principales factores de riesgo cardiovascular a nivel mundial. Su manejo en el contexto ambulatorio especializado permite identificar patrones clínicos y terapéuticos relevantes para optimizar la prevención de complicaciones.

**Objetivo:** Caracterizar el perfil sociodemográfico, clínico, paraclínico y terapéutico de los pacientes con diabetes mellitus tipo 2 atendidos en consulta externa de cardiología en una institución de alta complejidad en Barranquilla durante los periodos 2023-1 y 2024-1.

**Métodos:** Se realizó un estudio analítico, transversal y retrospectivo en 138 pacientes con DM2, evaluando variables sociodemográficas, clínicas, paraclínicas y terapéuticas. Se utilizaron pruebas t de Student, Chi-cuadrado o Fisher y un modelo de regresión logística multivariada, con significancia establecida en  $p < 0.05$ .

**Resultados:** El 72% de los pacientes fueron hombres, con edad promedio de  $67,3 \pm 11,5$  años, y el 93% pertenecía al régimen subsidiado. El 70% no alcanzó la meta glicémica, grupo caracterizado por mayor edad ( $68,6$  vs  $64,2$  años;  $p=0.034$ ), más enfermedad cerebrovascular (11% vs 0%;  $p=0.034$ ) y mayor proporción de ecocardiogramas anormales (39% vs 16%;  $p=0.004$ ). Un colesterol total  $>250$ mg/dL aumentó la probabilidad de mal control glicémico (OR=6.52; IC95%: 1.18–36.0), mientras que un ecocardiograma normal fue protector (OR=0.33; IC95%: 0.14–0.76). El uso de SGLT2i fue más frecuente entre los pacientes controlados (27% vs 12%;  $p=0.037$ ).

**Conclusiones:** Los pacientes con DM2 atendidos en cardiología ambulatoria mostraron un perfil de alto riesgo, marcado por mayor edad, predominio masculino, hipertensión asociada y signos de disfunción cardíaca subclínica, junto con bajo uso de terapias cardioprotectoras modernas.

**Palabras clave:** Diabetes Mellitus Tipo 2; Riesgo Cardiovascular; Consulta Externa; Terapéutica; Ecocardiografía; Inhibidores SGLT2.

## ABSTRACT

**Background:** Type 2 diabetes mellitus (T2DM) is one of the major cardiovascular risk factors worldwide. Its management in specialized outpatient settings allows for the identification of clinical and therapeutic patterns that are essential for optimizing the prevention of complications.

**Objective:** To characterize the sociodemographic, clinical, paraclinical, and therapeutic profile of patients with type 2 diabetes mellitus treated in outpatient cardiology consultations at a high-complexity institution in Barranquilla during the periods 2023-1 and 2024-1.

**Methods:** An analytical, cross-sectional, retrospective study was conducted in 138 patients with T2DM, evaluating sociodemographic, clinical, paraclinical, and therapeutic variables. Student's t test, Chi-square or Fisher's exact test, and a multivariate logistic regression model were used, with statistical significance set at  $p < 0.05$ .

**Results:** Seventy-two percent of patients were male, with a mean age of  $67.3 \pm 11.5$  years, and 93% were affiliated with the subsidized insurance regime. Seventy percent did not achieve glycemic targets; this group had higher age ( $68.6$  vs  $64.2$  years;  $p = 0.034$ ), more cerebrovascular disease ( $11\%$  vs  $0\%$ ;  $p = 0.034$ ), and a greater proportion of abnormal echocardiograms ( $39\%$  vs  $16\%$ ;  $p = 0.004$ ). Total cholesterol  $> 250$  mg/dL increased the likelihood of poor glycemic control (OR=6.52; 95% CI: 1.18–36.0), whereas a normal echocardiogram was protective (OR=0.33; 95% CI: 0.14–0.76). SGLT2 inhibitor use was more common among controlled patients ( $27\%$  vs  $12\%$ ;  $p = 0.037$ ).

**Conclusions:** Patients with T2DM attending cardiology outpatient care exhibited a high-risk profile characterized by older age, male predominance, associated hypertension, and signs of subclinical cardiac dysfunction, along with underuse of modern cardioprotective therapies.

**Keywords:** Type 2 Diabetes Mellitus; Cardiovascular Risk; Outpatient Care; Pharmacotherapy; Echocardiography; SGLT2 Inhibitors.

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