Abstract

The goal of diabetes treatment is to maintain the same quality of life and ensure longevity as a healthy person. To achieve this goal, it has been recommended that blood sugar, weight, blood pressure, and lipids be maintained in a state of good control, and smoking cessation. However, large epidemiological studies have shown that even diabetic patients with good control of all five risk factors (levels of HbA1c, blood pressure, lipids, trace albuminuria, and smoking) are still 1.45 times more likely to develop heart failure, even though they have a similar probability of developing a myocardial infarction as healthy people. This means that the current practice guidelines aimed at preventing the development of myocardial infarction are not sufficient to prevent the development of heart failure. I have proposed the hypothesis that the higher risk of heart failure in diabetic patients is due to over-activation of sympathetic nerves resulting from interorgan communication that are driven by stressors that afflict the kidney. Sodium glucose cotransporter (SGLT)-2 inhibitors may prevent or treat heart failure by relieving the load on the kidneys and reducing sympathetic nerve overactivation.