



Disfunción autonómica cardiovascular, riesgo cardiovascular estimado y variabilidad circadiana de la presión arterial



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Manifestaciones clínicas atribuidas a la NAC

- **Disminución de la arritmia respiratoria.**
- **Taquicardia en reposo.**
- **Incompleta recuperación de la frecuencia cardiaca (FC) post-ejercicio.**
- **Disminución o falta de respuesta de la FC y de la PA durante el ejercicio.**
- **Hipotensión ortostática (frecuentemente con HTA en decúbito).**
- **Hipotensión ortostática postprandial.**
- **Pérdida de la variabilidad circadiana de la PA.**
- **Incremento del RCV.**
- **Inestabilidad eléctrica miocárdica.**
- **Se asocia a una mayor mortalidad cardiovascular.**

Manifestaciones menos frecuentes de la HO

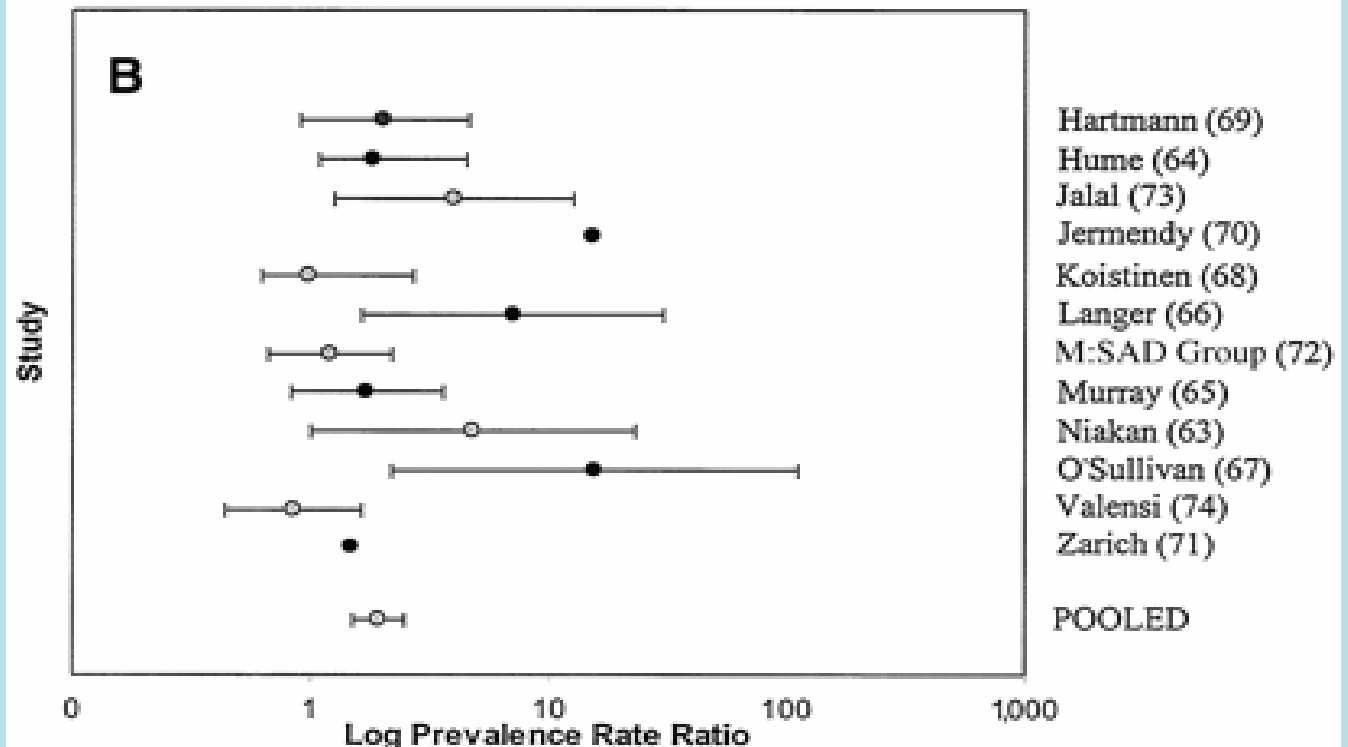
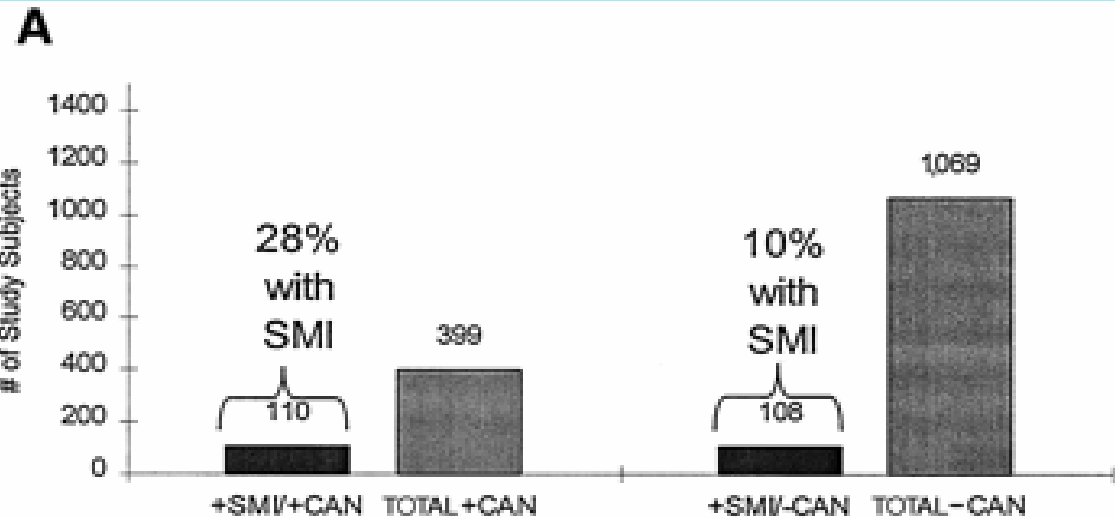
- **Hipoperfusión muscular:**
 - Dolor suboccipital y en escaleno (distribución “en percha”).
 - Dolor lumbosacro y en glúteos.
- Manifestaciones que remedan el “robo de la subclavia”.
- Hipoperfusión renal: Oliguria.
- Hipoperfusión de la médula espinal:
 - Claudicación.
 - Ataxia.

CAN and silent myocardial ischemia

Diabetes Care 26:1553-1579, 2003

Technical Review
Diabetic Autonomic
Neuropathy

A. Vinik, R. E. Maser, B. D. Mitchell, and Roy Freeman.

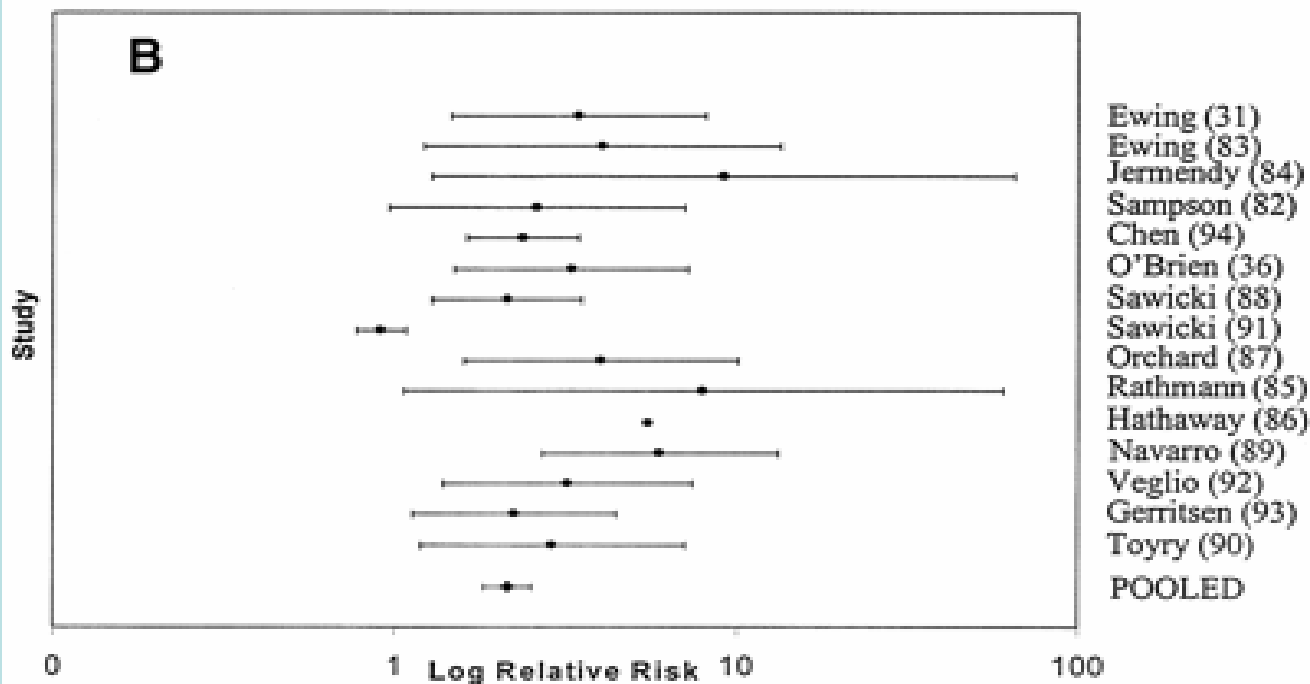
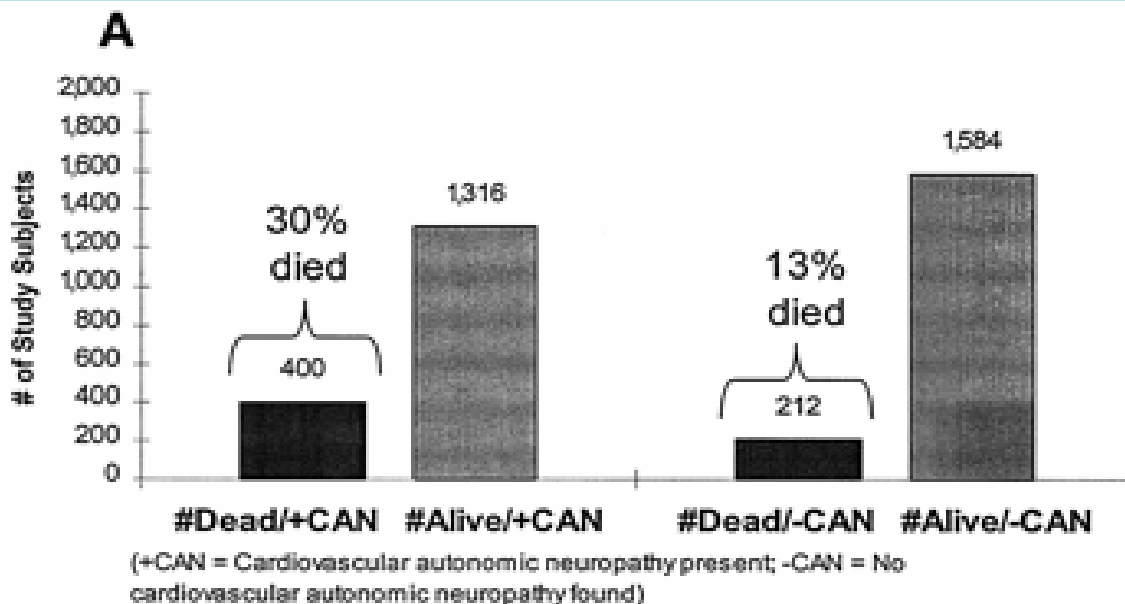


DCAN and Mortality

Diabetes Care 26:1553-1579, 2003

Technical Review Diabetic Autonomic Neuropathy

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Manifestaciones clínicas atribuidas a la NAC

- **Pérdida de la variabilidad circadiana de la PA.**
- **Patrón no-dipper y su relación:**
 - **Con la disfunción autonómica.**
 - **Con el riesgo cardiovascular.**

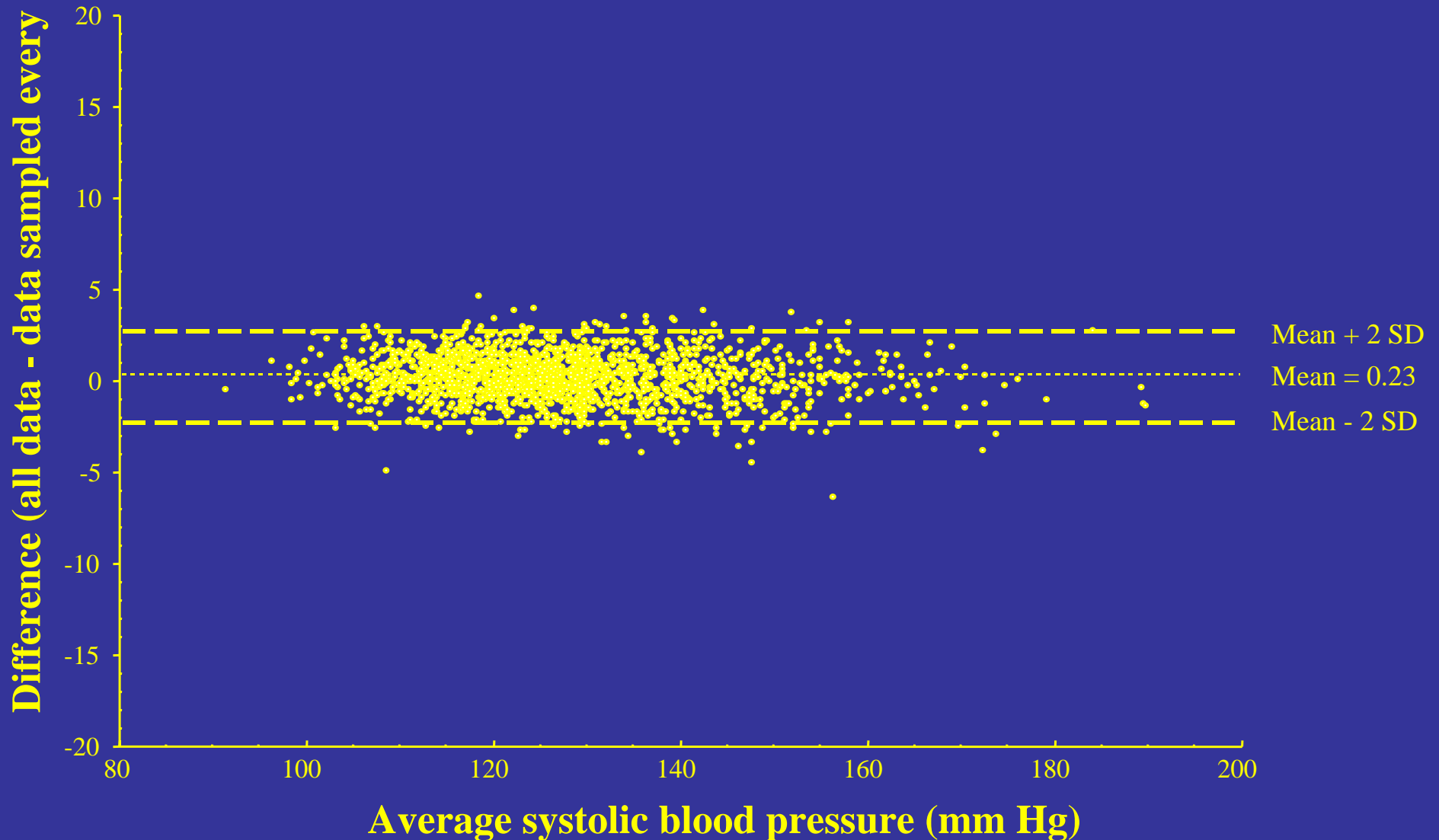
Características principales de la muestra estudiada-I

CARACTER	N: 101	%	X ± DE
H	59	58	47±12 28 ± 1.4
M	42	43	
Edad			
IMC			
CC, H => 94cm.	43	73/H	
CC, M => 80cm.	33	79/M	
CC => 94-80cm	76	75/n	
SP + OB	79	78	
SP-II + OB	63	62	
DM-1	42	42	8 ±1.4 12±8
DM-2	59	58	
A1C %			
Evol años			

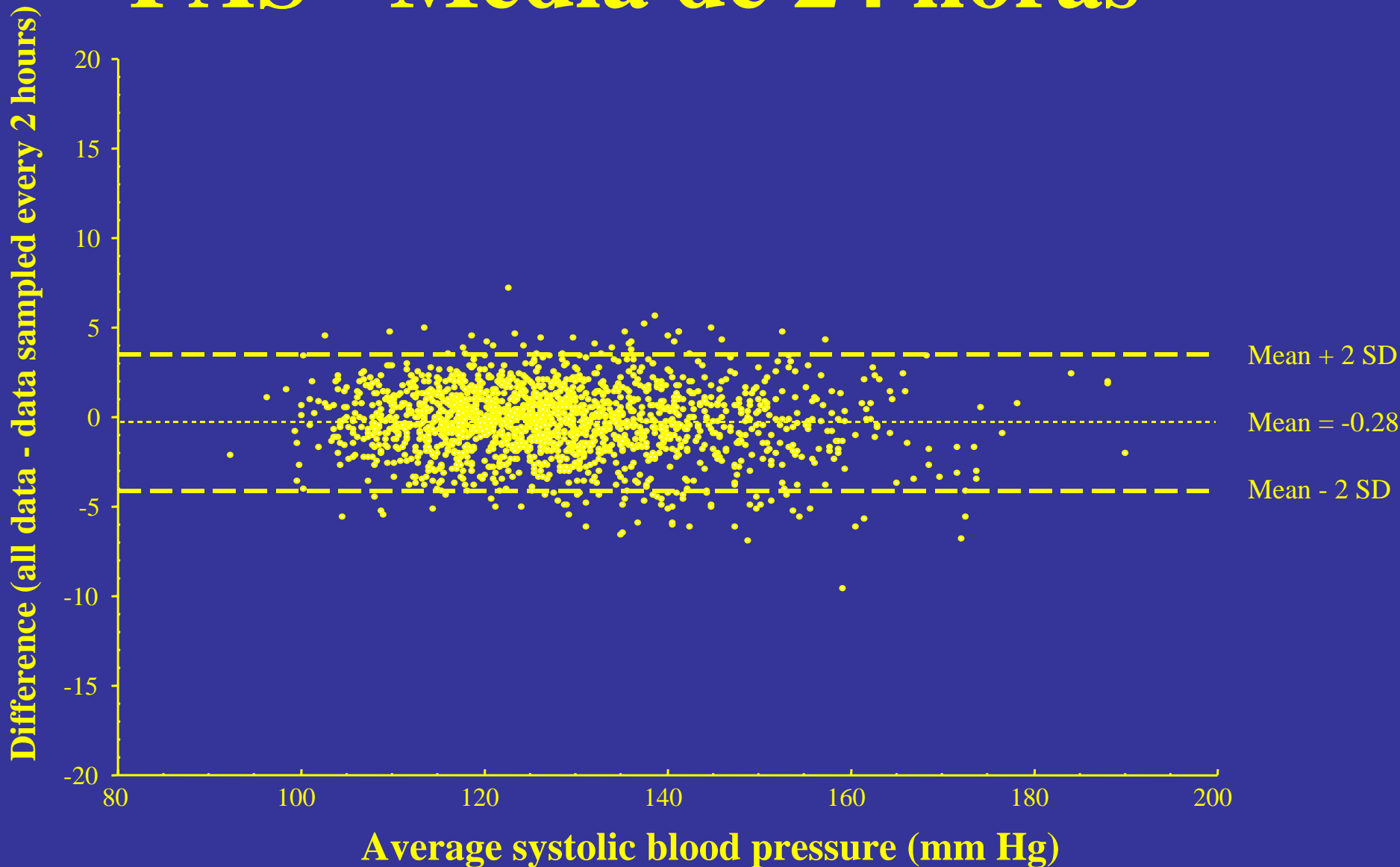
Características principales de la muestra estudiada-II

CARACTER	n:101	%
MicroAlb	17	17
MDRD4V < 60	15	15
HTA:	50	50
No-dippers	46	45
Fumadores	17	17
SM (IDF)	53	53
RCV-CI-UK-Fram, 10a	100	99
RCV-ACV-UK, 10 años	81	80
CI > 10	48	48
ACV > 4	38	38
TAU => 1	50	50
TAU => 2	37	37

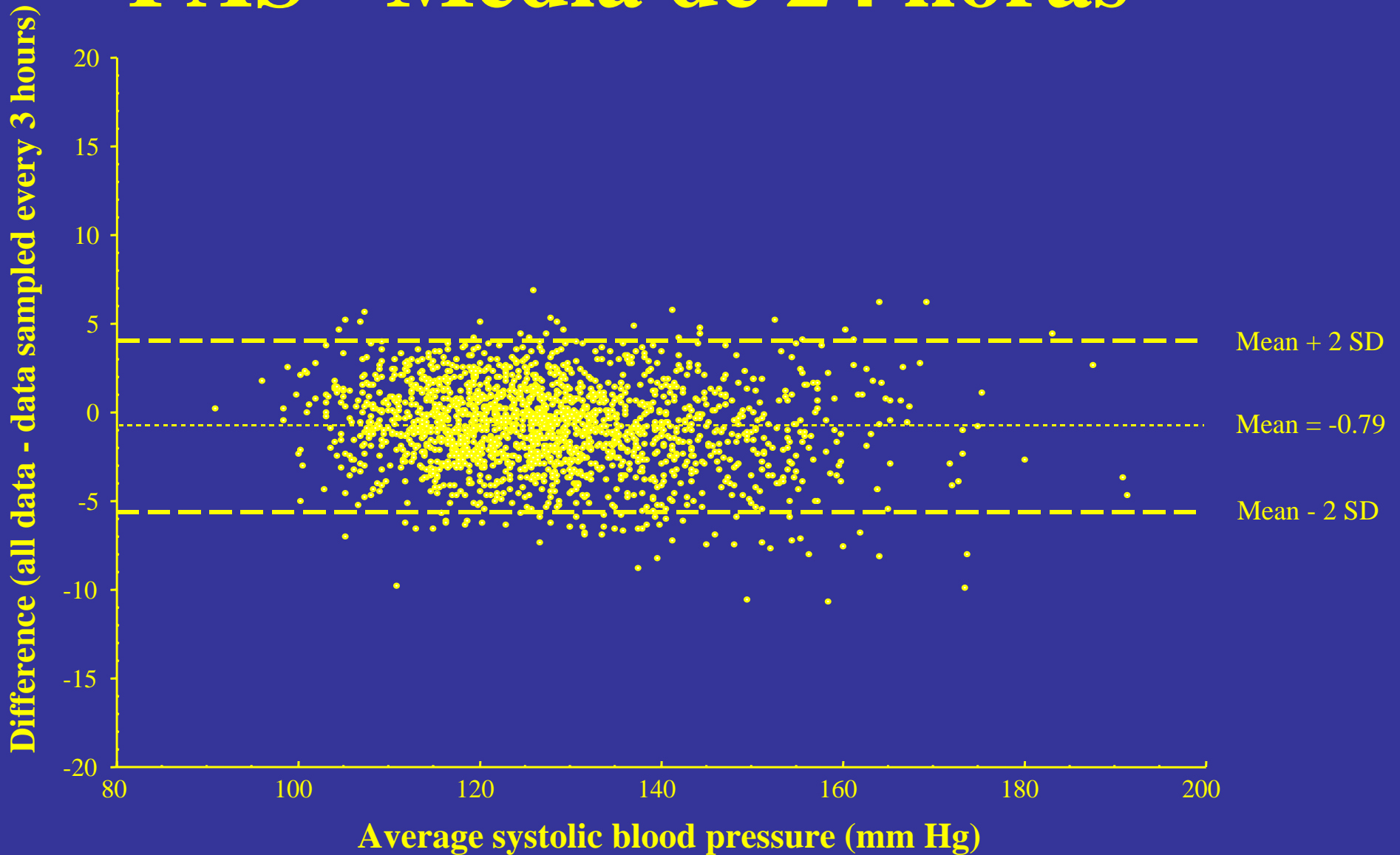
PAS - Media de 24 horas



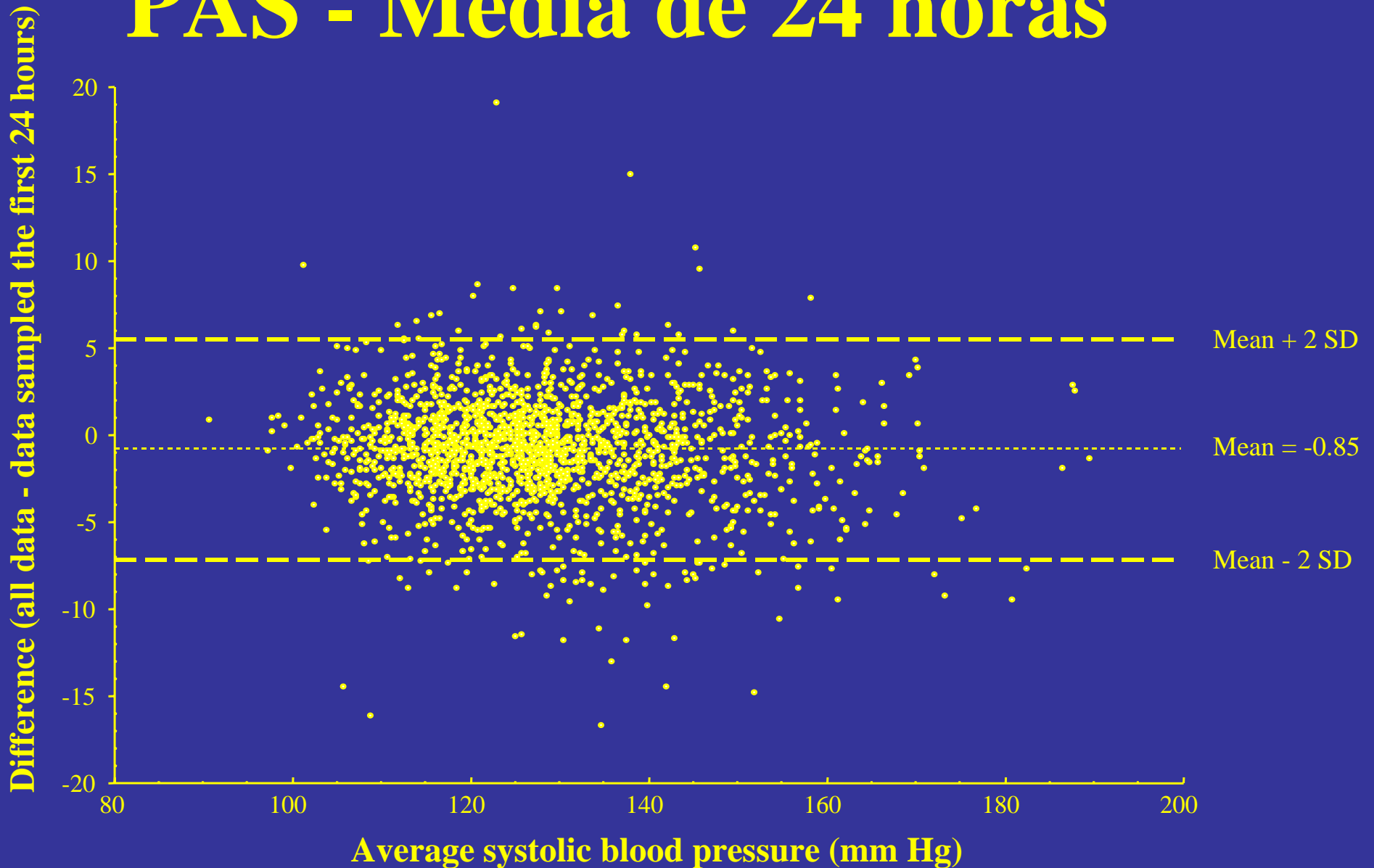
PAS - Media de 24 horas



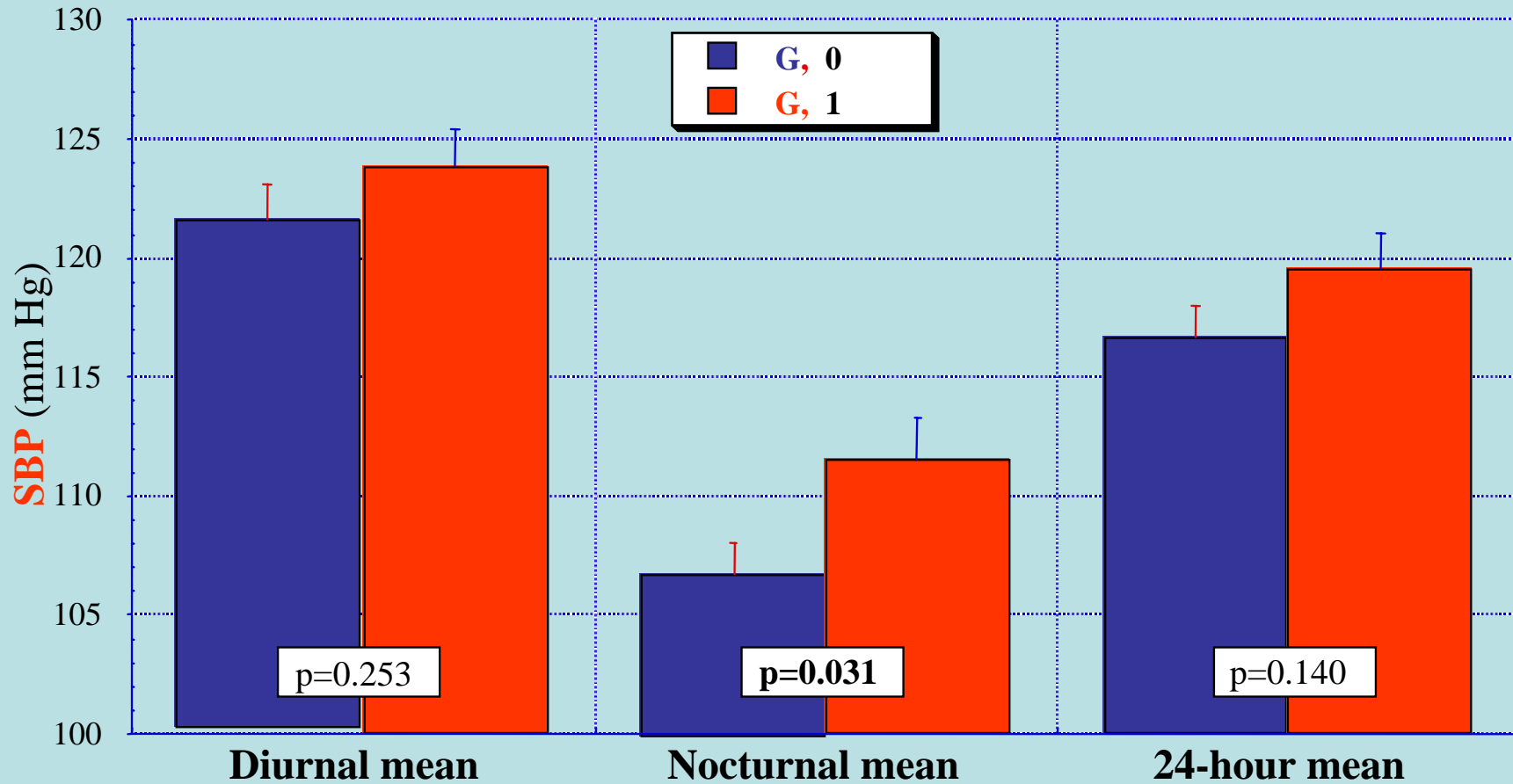
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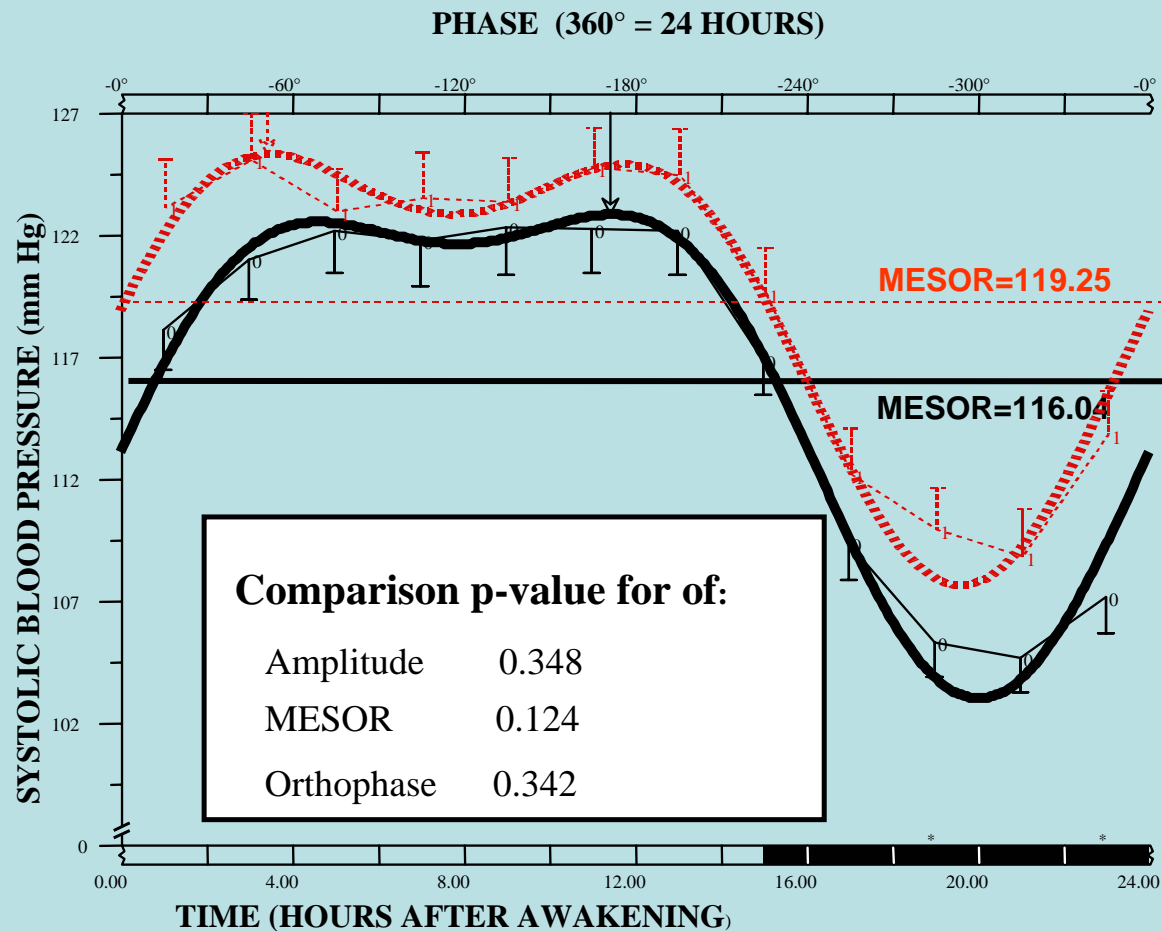


SBP in diabetic patients without (G, 0) or with at least one positive test of **autonomic dysfunction** (G, 1)

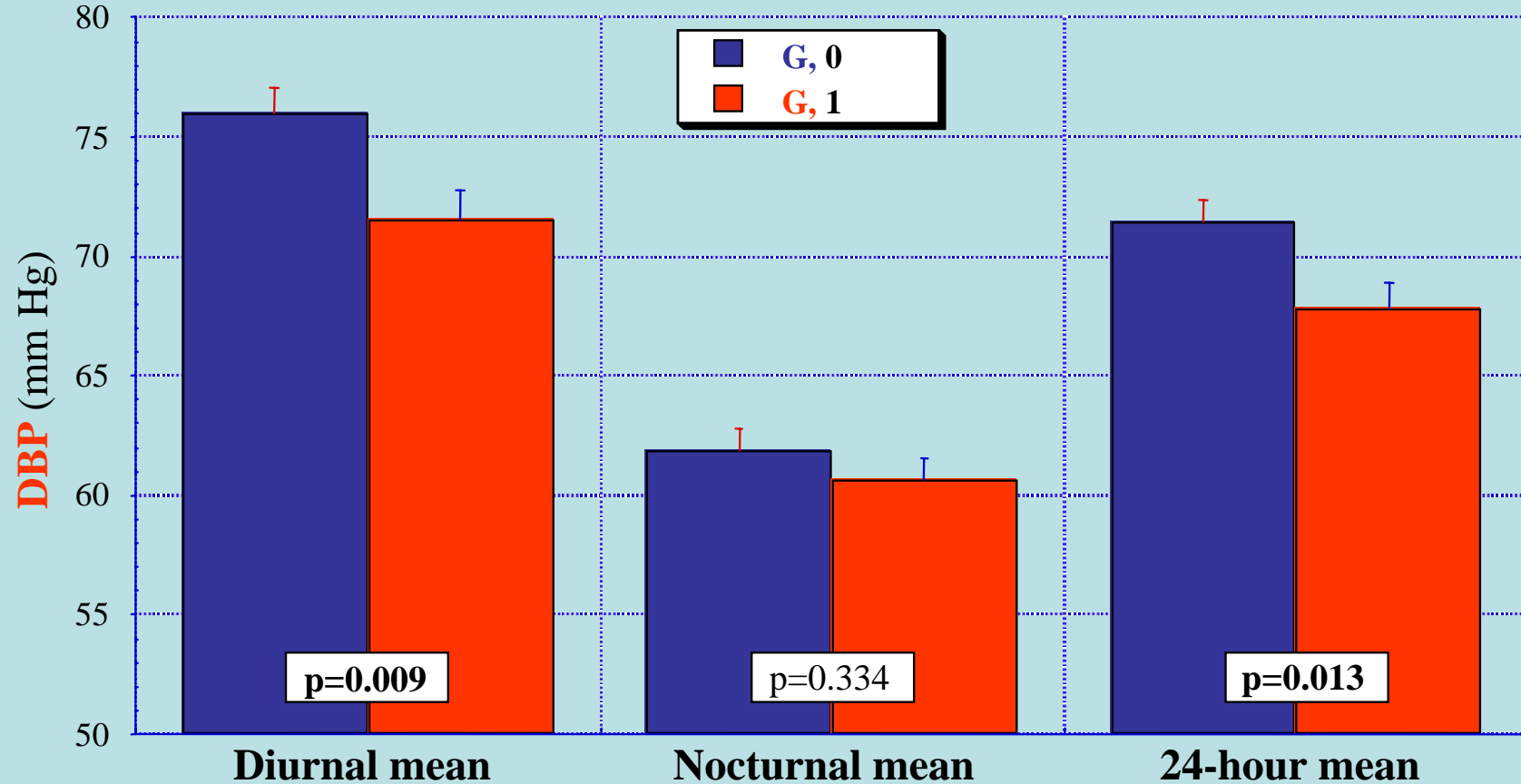


Circadian pattern of systolic blood pressure in diabetic patients

without (G, 0) or at least one positive test of **autonomic dysfunction (G, 1)**

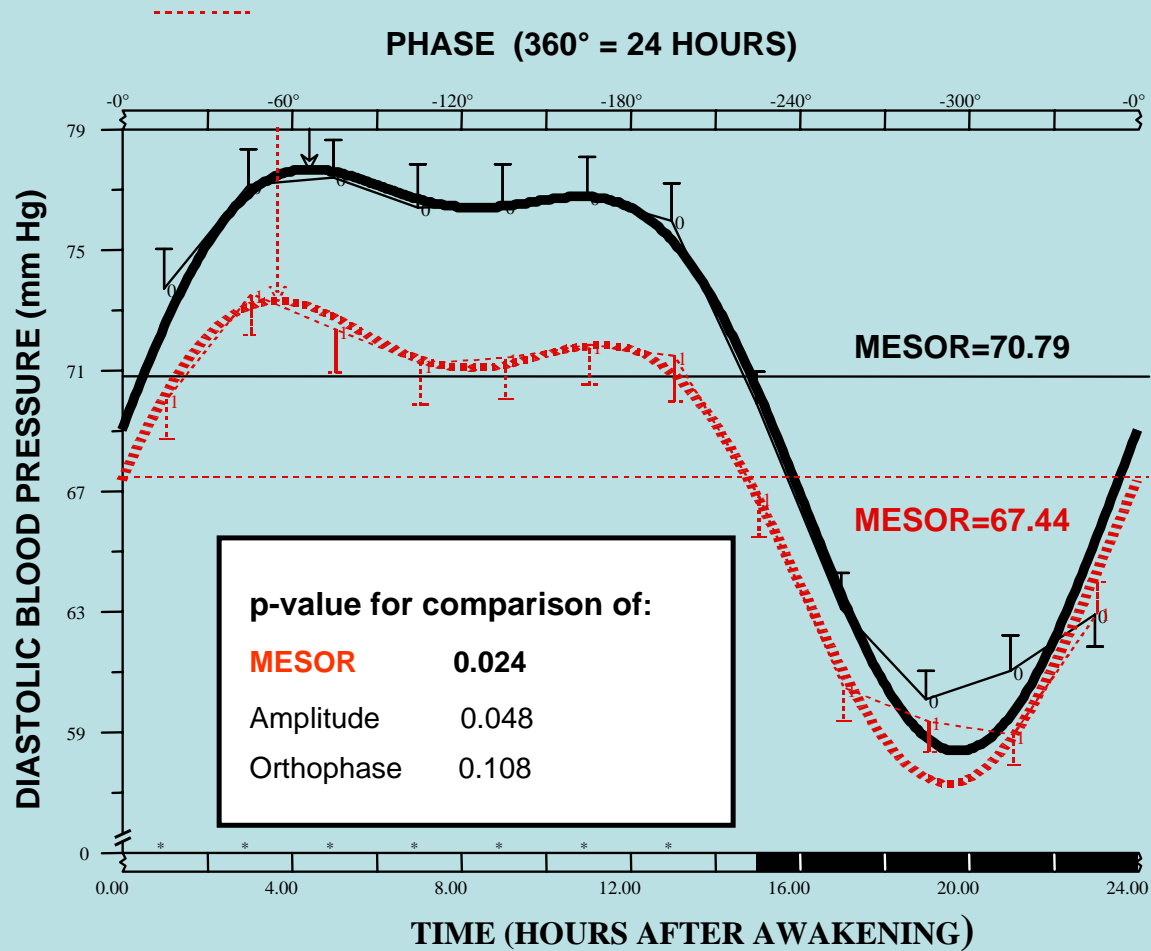


DBP in diabetic patients without (G, 0) or with at least one positive test (G, 1) of autonomic dysfunction

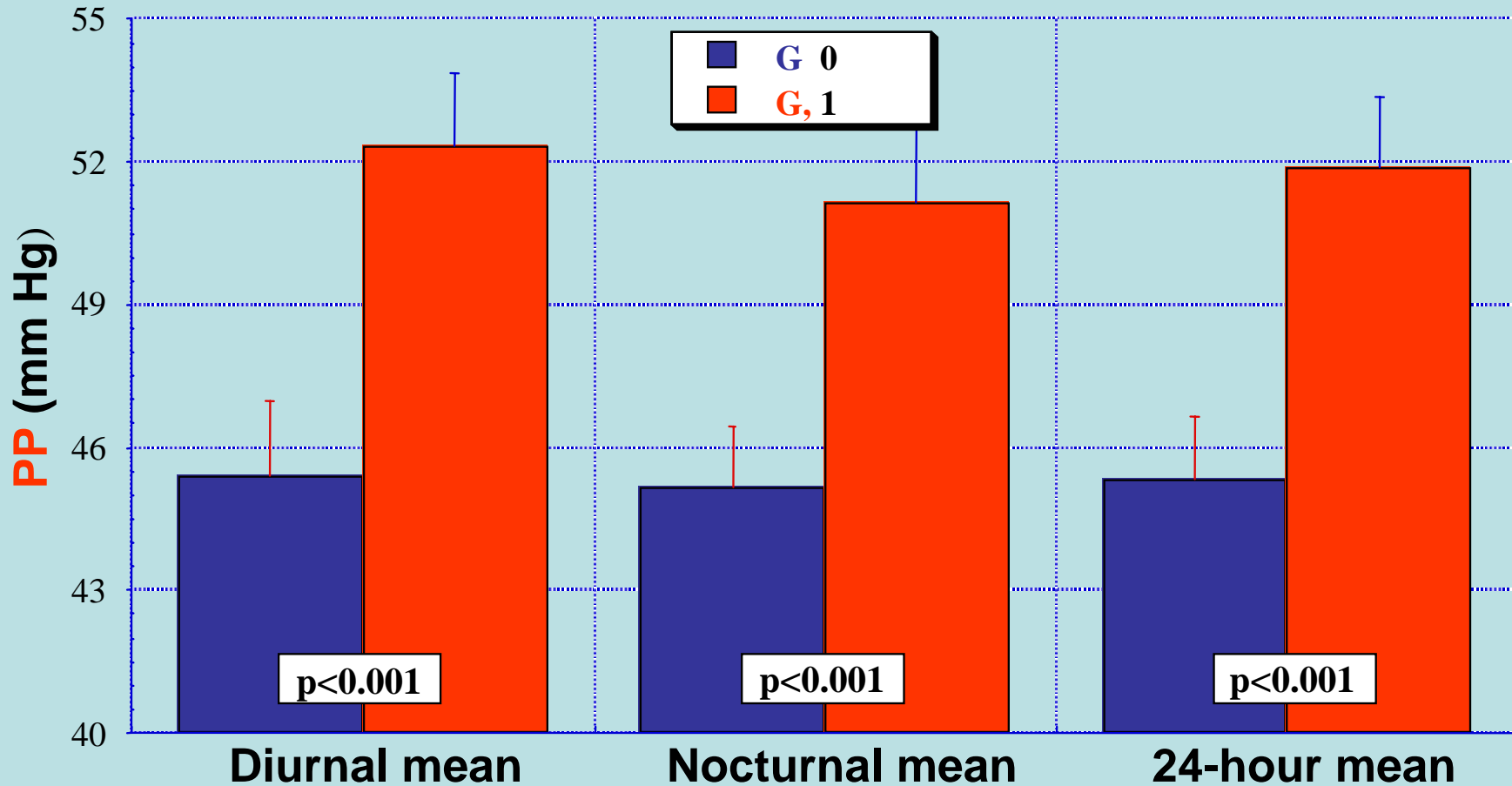


Circadian pattern of diastolic blood pressure in diabetic patients

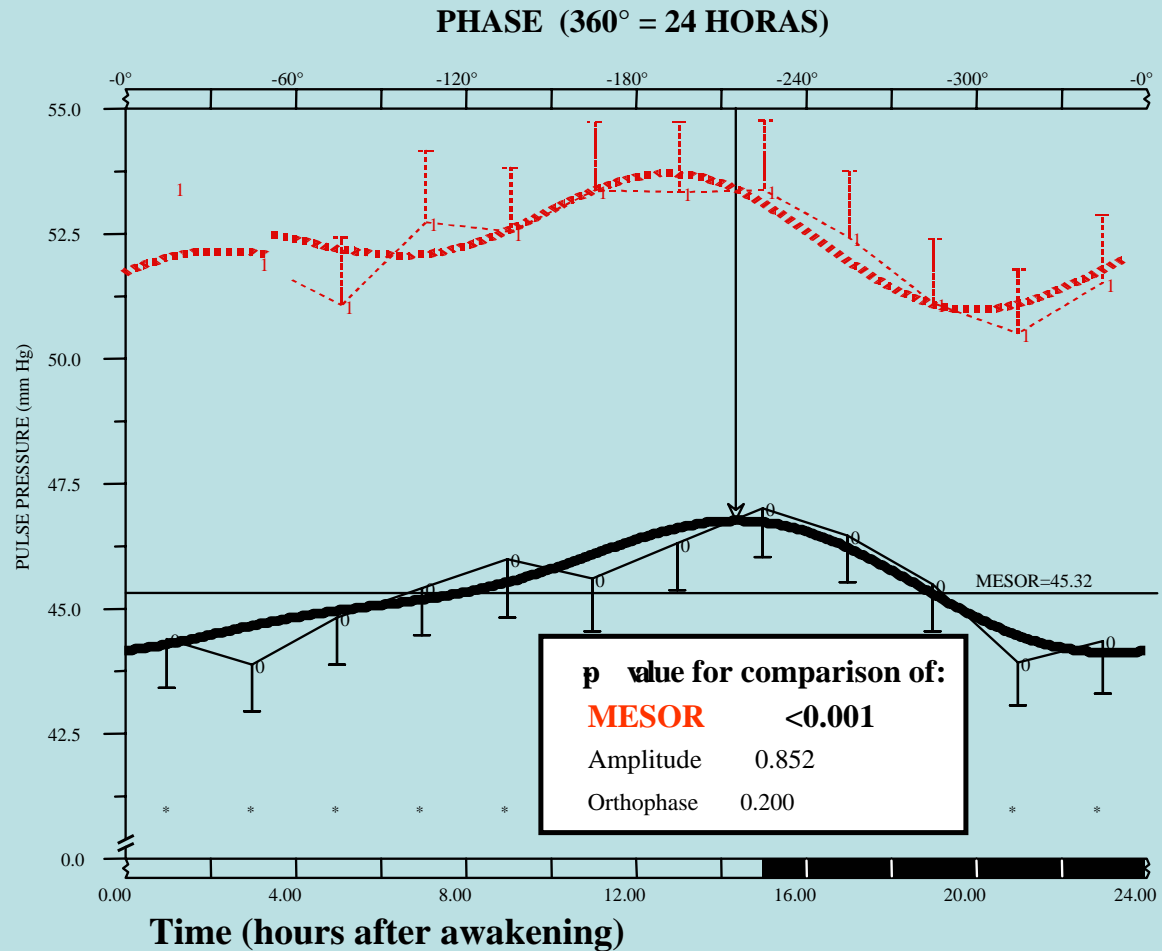
without (G, 0) or with at least one positive test of autonomic dysfunction (G, 1)



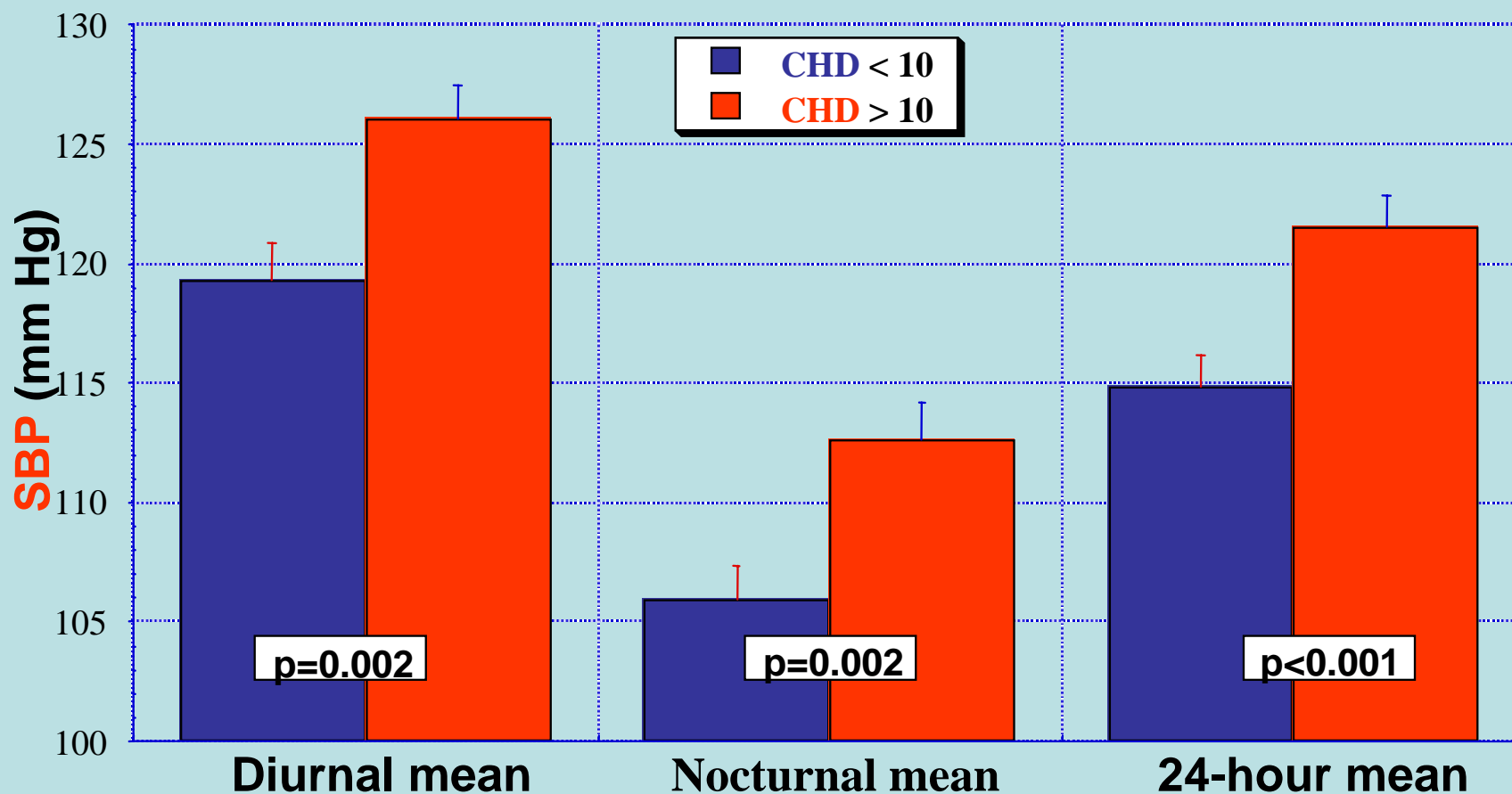
PP in diabetic patients without (G, 0) or with at least one positive test of **autonomic dysfunction (G, 1)**



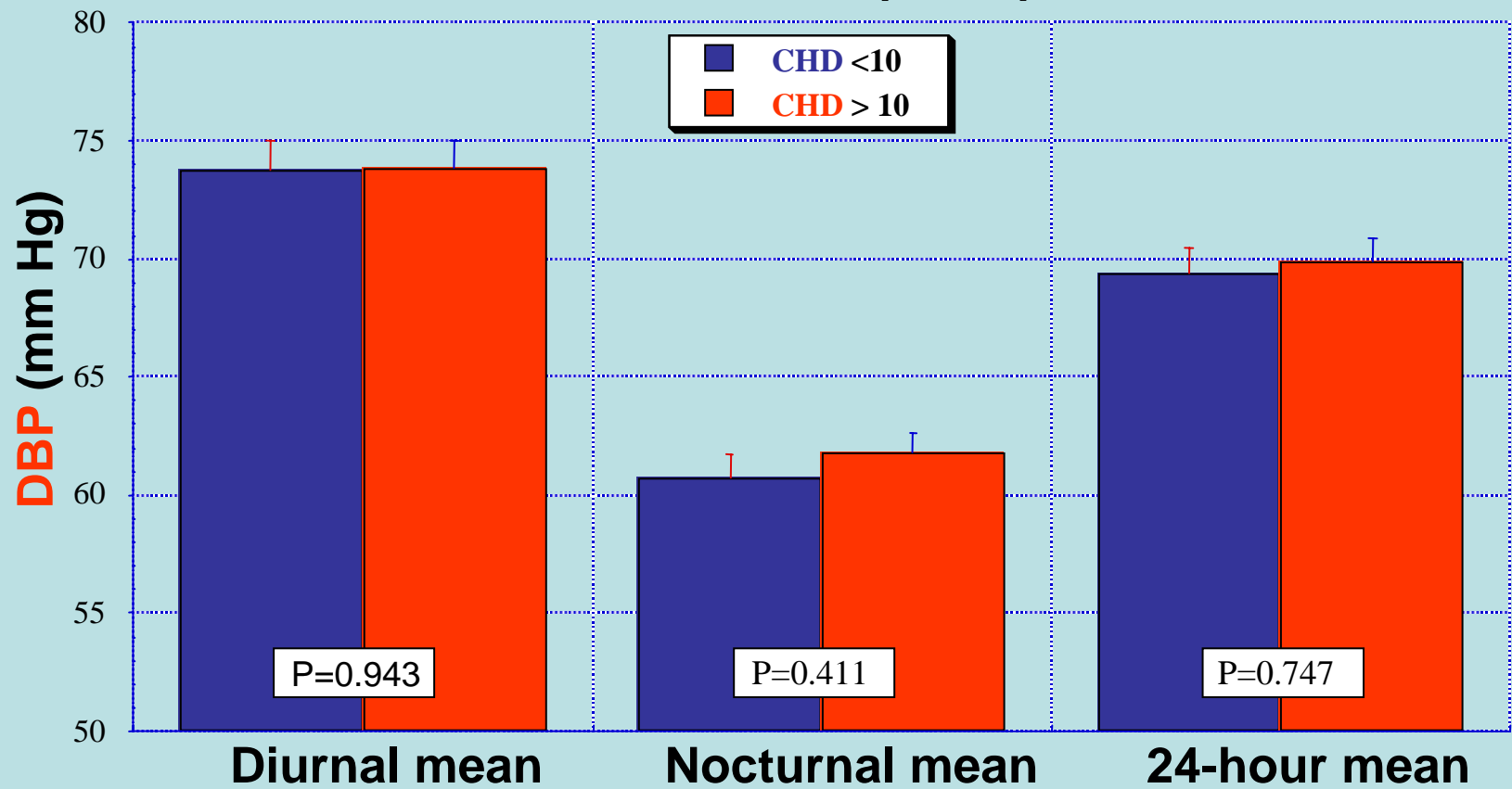
Circadian pattern of **pulse pressure** in diabetic patients without (G, 0) or with at least one positive test of **autonomic dysfunction** (G,1)



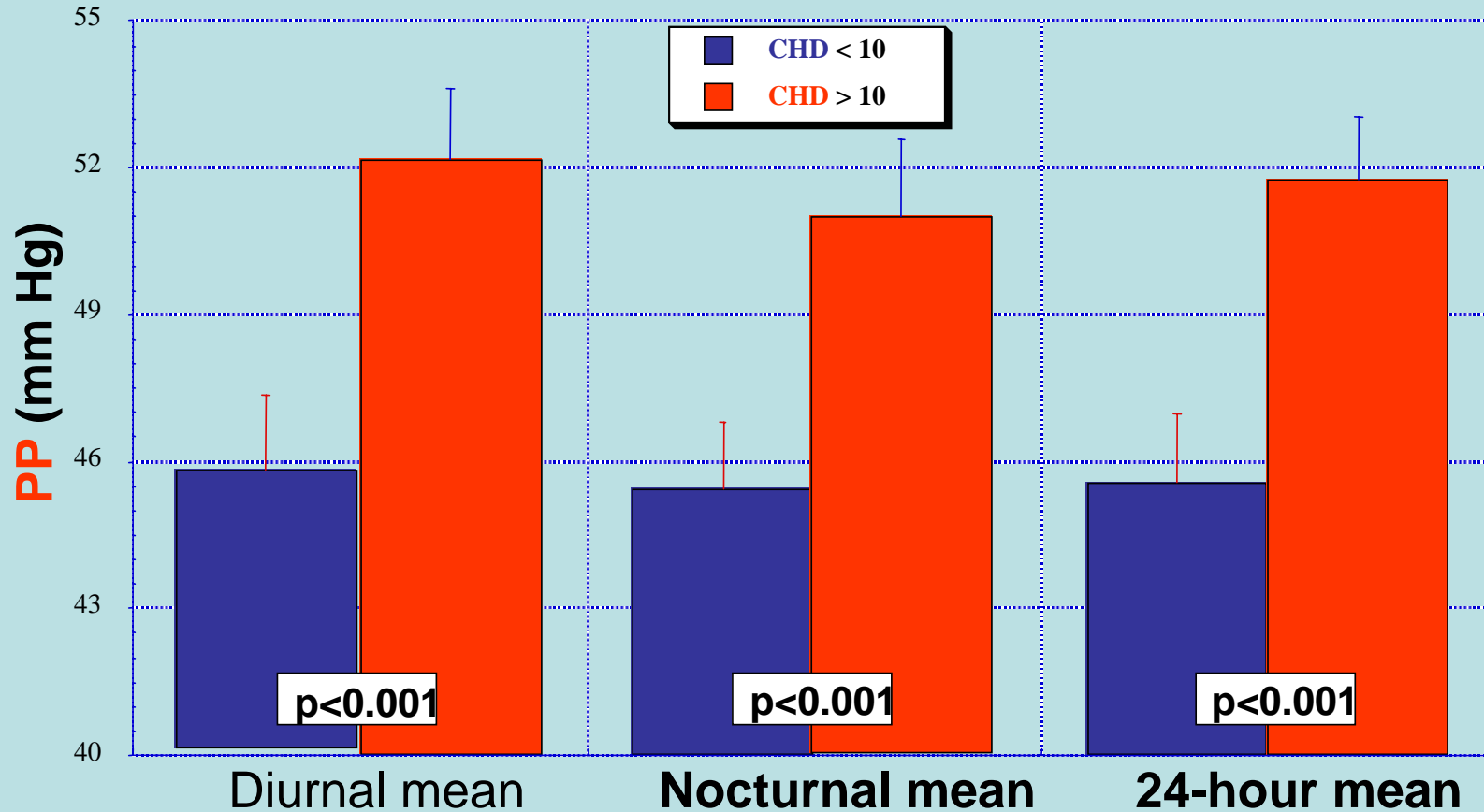
SBP in diabetic patients divided according to risk of coronary heart disease (CHD)



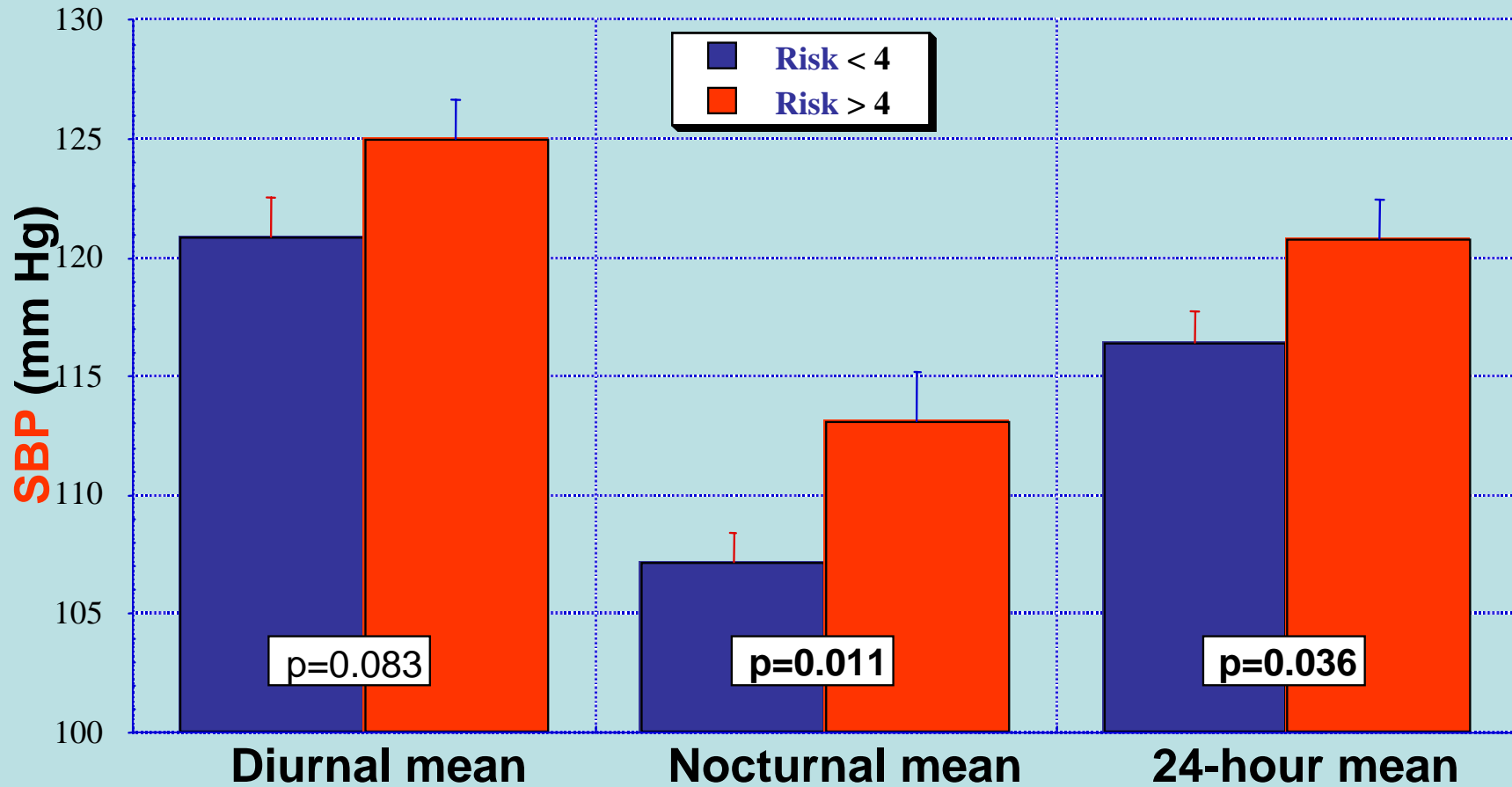
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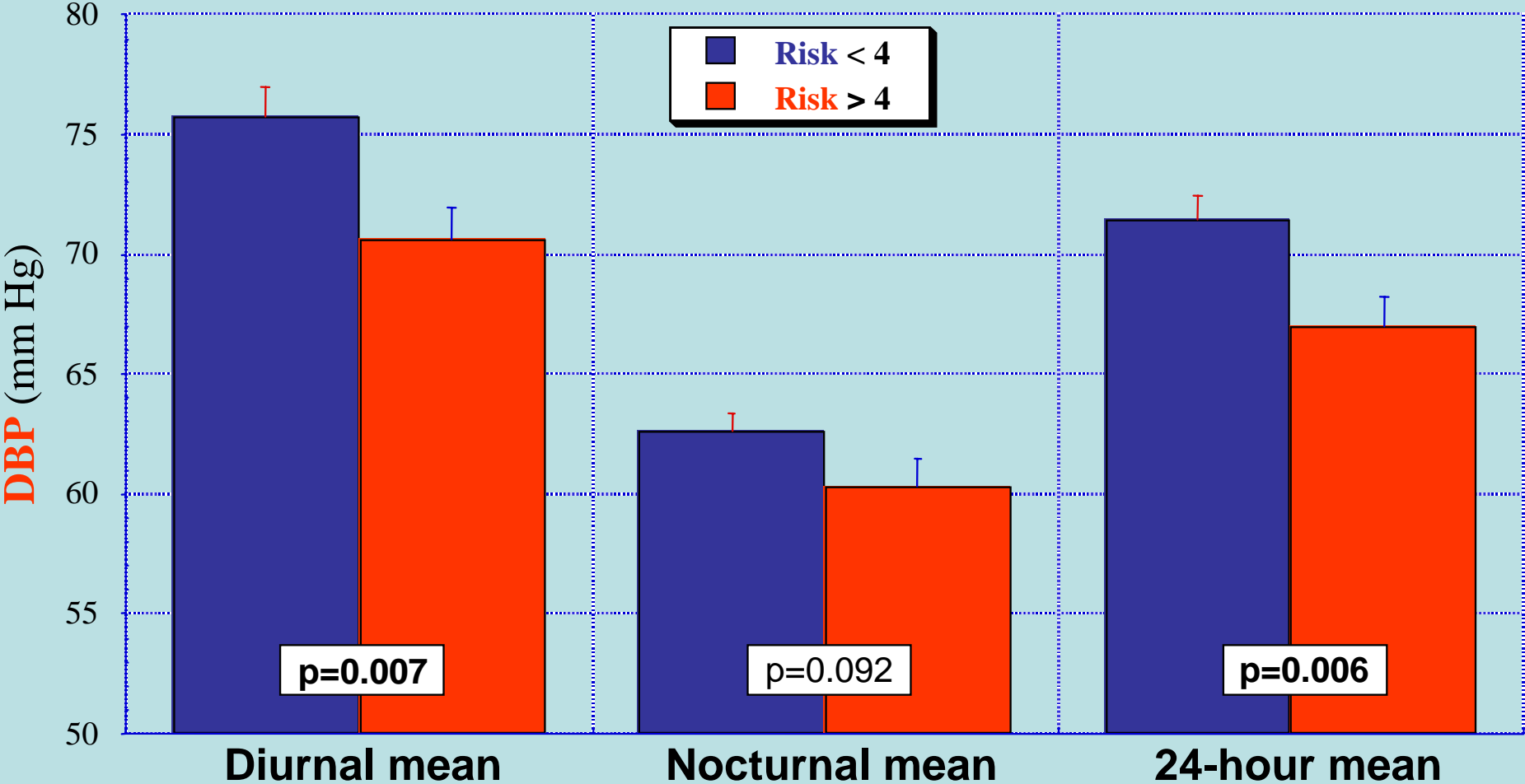
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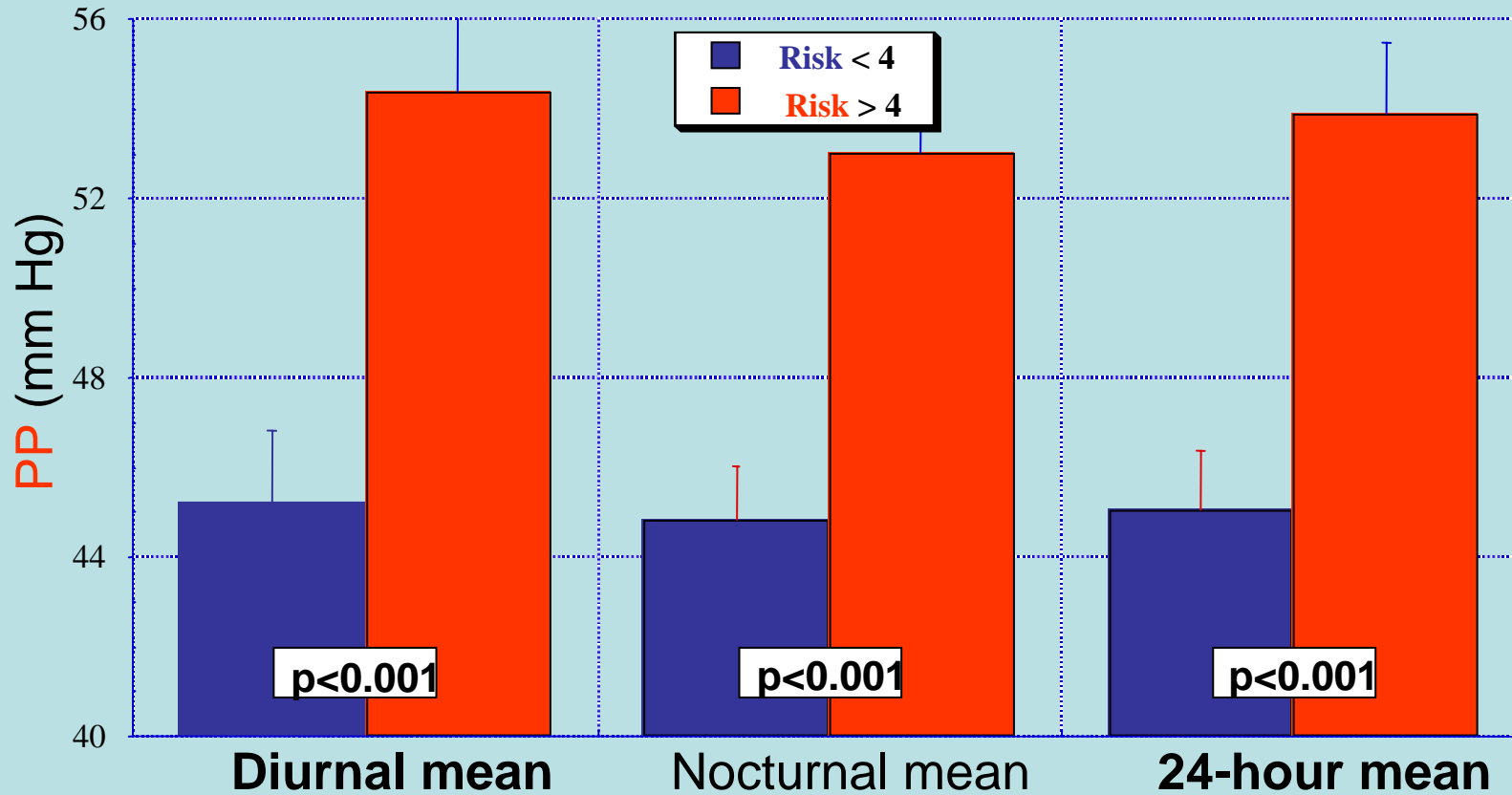
SBP in diabetic patients divided according to risk of stroke



DBP in diabetic patients divided according to risk of stroke



PP in diabetic patients divided according to risk of stroke



Dos conclusiones mayores se derivan de esta investigación

- **La disfunción autonómica no es la causa, ni tampoco parece ser un factor mayor implicado en la génesis del patrón No-Dipper de la PA en la DM.**
- **La disfunción autonómica en la DM se relaciona con una PP significativamente elevada, y ésta a su vez, con un elevado riesgo de CI y de ACV.**

Gracias