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Background: Type 2 diabetes mellitus (T2DM) substantially increases the risk of coronary artery disease (CAD) through insulin resistance, inflammation, and related complications. In this large, nationally representative multicenter study, we investigated behavioral and metabolic risk factors associated with CAD in T2DM.

Materials and Methods: This cross-sectional study was conducted across Türkiye, including 70 endocrine clinics in 36 cities. Adults with T2DM followed at the same center for at least one year were included. Sociodemographic, anthropometric, clinical, laboratory, and lifestyle data were recorded using a standardized web-based system.

Results: A total of 5707 patients with diabetes were recruited, of whom 4956 (86.8%) had T2DM (mean age 58.9 ± 10.0 years; 59.8% women). CAD status was available in 4750 patients, among whom 1061 (22.3%) had CAD.

CAD was more frequent in men than women (30.4% vs 16.9%, $P < .001$). Patients with CAD were older (62.8 ± 8.6 vs 57.8 ± 10.2 years, $P < .001$) and had longer diabetes duration (16.1 ± 8.8 vs 12.2 ± 7.7 years, $P < .001$). Body mass index was lower (31.2 ± 5.8 vs 31.8 ± 6.8 kg/m², $P = .005$), whereas waist circumference was higher (106.7 ± 13.7 vs 105.1 ± 14.1 cm, $P = .004$).

Lower income was associated with CAD (23.4% vs 19.5%, $P = .003$), whereas smoking and exercise were not ($P = .219$ and $P = .977$). Hypertension was associated with CAD (28.2% vs 14.5%, $P < .001$). Systolic blood pressure was higher (126.1 ± 13.6 vs 124.3 ± 13.6 mmHg, $P = .004$), while diastolic pressure did not differ ($P = .603$). HbA1c was higher in the CAD group (8.27 ± 1.94 vs $7.84 \pm 1.89\%$, $P < .001$), and hypoglycemia was more frequent (24.6% vs 20.8%, $P = .002$).

In multivariable logistic regression, independent predictors of CAD were older age (OR 1.04, 95% CI 1.03-1.05, $P < .001$), male sex (OR 0.39, 95% CI 0.33-0.46, $P < .001$), current smoking (OR 1.37, 95% CI 1.12-1.66, $P = .002$), hypertension (OR 2.00, 95% CI 1.68-2.38, $P < .001$), microvascular complications (OR 1.48, 95% CI 1.26-1.74, $P < .001$), higher HbA1c (OR 1.12 per %, 95% CI 1.07-1.17, $P < .001$), longer diabetes duration (OR 1.04 per year, 95% CI 1.02-1.05, $P < .001$), and lower income (OR 0.74, 95% CI 0.62-0.88, $P = .001$). Exercise, diet, hypoglycemia, education, and body mass index were not independently associated with CAD (all $P > .05$).

Conclusion: In this large national cohort of T2DM patients, CAD was independently associated with classical cardiometabolic risk factors, microvascular complications, and lower income, whereas lifestyle factors were not independently associated after adjustment. These findings highlight dominant role of cumulative metabolic burden and vascular damage in determining CAD risk and emphasize the importance of early, sustained, risk factor-targeted management.

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EP1743 - LBA_ECE_1356 - Coronary heart disease in patients with type 2 diabetes: the role of traditional, behavioral and atherogenic risk factors in a large multicenter study

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