

1. A sample of 415 type 2 diabetic (DM2) subjects was examined. The control of cardiovascular risk factors, e.g. blood pressure, lipids and glucose metabolism, is unsatisfactory in this sample. There is a lack in nonpharmacological treatment and regimen – physical activity, smoking, low energy diet. The choice of antihypertensive treatment is satisfactory. Many patients have only the monotherapy. The antihypertensives are underdosed. We are not sure about the compliance. The treatment of dyslipidemia is not sufficient enough, there is a lack of the statin + fibrate combination therapy. The nonpharmacological regimen is needed for better glucose metabolism compensation. The pharmacotherapy should be indicated earlier (esp. metformin).

2. The prevalence of microvascular complications (mvc) was high in this sample (54%), especially the diabetic nephropathy (95%). The macrovascular complications (MVC) were present in 27% subjects, more in men, 55% of them had coronary heart disease. Subjects with MVC had more often mvc. The risk profile was worse in subjects with any vascular complications. The common risk factors in association with both MVC and mvc were the age over 60 years and hsCRP plasma level over 1 mg/L. We follow the sample prospectively to estimate predictive factors for vascular complications.

3. We estimated a higher cardiovascular risk due to coincidence of risk factors in the metabolic syndrome also in subjects with DM2, confirmed by significantly higher levels of hsCRP.