atherosclerotic risk factors, the ADA recommends an SGLT-2 inhibitor or GLP-1 receptor agonist as a second-line agent after metformin. In individuals with type 2 DM and heart failure (reduced ejection fraction), the ADA recommends an SGLT-2 inhibitor. Individuals with atherosclerotic cardiovascular disease and type 1 or type 2 DM should be treated with an ACE inhibitor or angiotensin receptor blocker and beta blockers and antiplatelet therapy, as in the nondiabetic population **(Chap. 273)**.

HYPERTENSION Hypertension can accelerate other complications of DM, particularly CVD, nephropathy, and retinopathy. Blood pressure should be measured at every clinic visit. In targeting a goal of blood pressure of <140/90 mmHg, therapy should first emphasize lifestyle modifications such as weight loss, exercise, stress management, and sodium restriction. The blood pressure goal should be individualized. In some younger individuals or those with increased cardiovascular risk, the provider may target a blood pressure of <130/80 mmHg. Realizing that more than one agent is usually required to reach the blood pressure goal, the ADA recommends that all patients with diabetes and hypertension be treated with an ACE inhibitor or an ARB initially. Subsequently, agents that reduce cardiovascular risk (beta blockers, thiazide diuretics, and calcium channel blockers) should be incorporated into the regimen. ACE inhibitors and ARBs are likely equivalent in most patients with diabetes and renal disease but should not be combined. The addition of a potassium-sparing diuretic or mineralocorticoid receptor antagonist can help achieve blood pressure targets in refractory cases. Serum potassium and renal function should be monitored.

Because of the high prevalence of atherosclerotic disease in individuals with type 2 DM, the possibility of renovascular hypertension should be considered when the blood pressure is not readily controlled.

■ LOWER EXTREMITY COMPLICATIONS

DM is the leading cause of nontraumatic lower extremity amputation in the United States. Foot ulcers and infections are also a major source of morbidity in individuals with DM. The reasons for the