

Cardiometabolic diseases: Tackling the unmet need in cardiovascular risk reduction

João Nabais

IDF Europe

Amsterdam | July 1, 2026

www.idf-europe.org

IDF Europe

European Chapter of the International
Diabetes Federation (IDF)

73 national diabetes associations

45 countries

VISION

From early detection to cure —
transforming life with diabetes through
innovation, leaving no-one behind.

MISSION

Detect T1D early, delay and cure.
Prevent, diagnose early and cure T2D.
Optimally manage all types of diabetes.



The Cardiometabolic Nexus – Shared Mechanisms & Biology, Shared Solutions

34m people live with **diabetes** in the EU

1 in 3 PwD develop **CVD**

1 in 3 PwD develop **CKD**

1 in 3 people with coronary **artery disease** have **T2D**

2 × higher **CVD risk**, even in early **CKD** stages

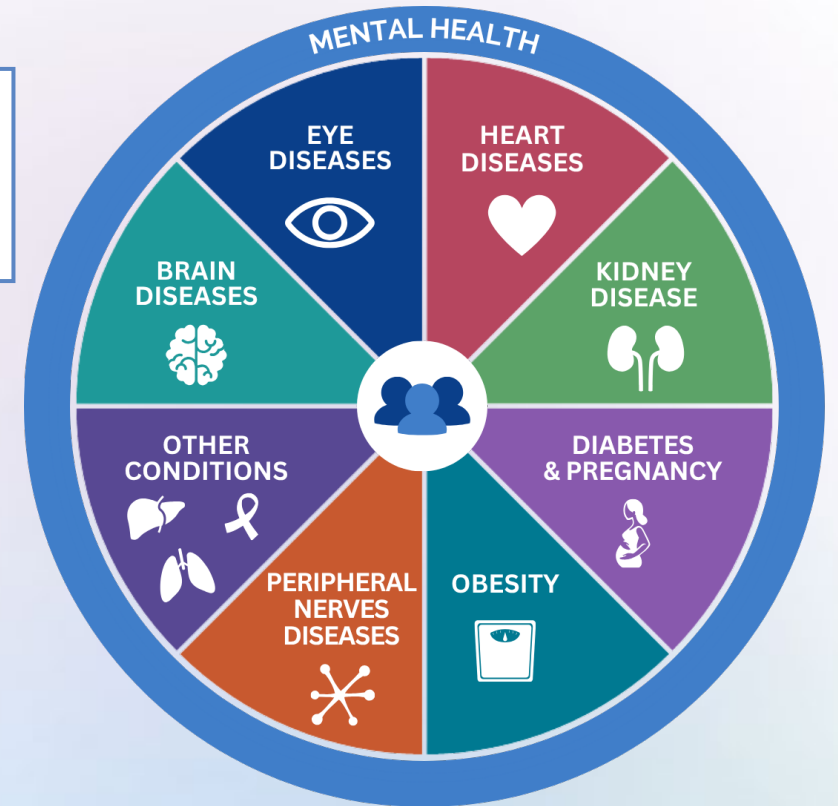
2–4 × higher **CVD risk** in people with **T2D** and **IH**

Rising rates of **early-onset T2D** (<40 years), with greater **CVD** rates

3–18 × higher **mortality** rates in people with **T1D**, largely driven by **CVD**-related complications

Strong association between **diabetes** and **MASLD**, further amplifying **CVD** risk

CVD, diabetes, obesity and CKD form a single **cardio-renal-metabolic nexus** rather than separate diseases.



OPPORTUNITY

From **CVD treatment** to **prevention** through action on interconnected conditions such as **diabetes** and **obesity**

PwD: people living with diabetes | CVD: cardiovascular diseases | T2D: type 2 diabetes | T1D: type 1 diabetes |
CKD: chronic kidney disease IH intermediate hyperglycaemia | MASLD: metabolic dysfunction-associated steatotic liver disease

“A diabetes motiva-nos a chegar mais longe!”

“Diabetes motivates us to reach higher!”



LDL-cholesterol **<70**
mg/dL
statin therapy



What matters to people with diabetes (PwD)



PREVENTS HEART ATTACKS AND STROKE



PRESERVE KIDNEY FUNCTION



MAINTAIN QUALITY OF LIFE



REDUCE TREATMENT BURDEN



The Prevention Opportunity – Finding Risk Earlier & addressing the full continuum

EARLIER DETECTION

From diagnosis to risk identification

Dysglycaemia causes harm before diabetes is diagnosed / CVD risk increases progressively across the glycaemic spectrum.

- **Joint health checks** assessing HbA1c, blood pressure, kidney function and lipid profile
- **Population-level risk stratification** through primary care data & AI to identify individuals at high risk
- **Autoantibody screening** to detect T1D before symptoms develop

EARLIER INTERVENTION

From reactive to proactive care

Achieving tight glycaemic control early is estimated to meaningfully reduce mortality and myocardial infarction risk.

INTEGRATED MANAGEMENT

From treating to preventing complications

- **Systematic identification of cardiovascular and kidney risk in PwD**
- **Systematic identification of T2D in people with CVD**
- **Screening & management in line with latest scientific guidelines**



Earlier intervention changes disease trajectories

Scientific progress has outpaced healthcare delivery



PREVENTION

(remission, earlier diagnosis, disease-modifying interventions)

T2D is not inevitably progressive:

Remission is achievable for some but requires long-term structured follow-up to maintain remission and because CV risk persists.

Structured **lifestyle interventions** & **new therapies** promote weight loss and downstream benefits for CVD, CKD and liver disease.



TREATMENT

Modern therapies target multiple complications by addressing shared underlying mechanisms beyond glucose alone (e.g. GLP-1 receptor agonists and SGLT2 inhibitors improve cardiovascular and kidney outcomes, not just glycaemia)



TECHNOLOGY

Access to technologies and digital tools such as CGMs, connected devices, AI and remote monitoring can help improve self-management and health outcomes

RETHINKING diabetes prevention and management: T2D remission, improved T1D management and cardiovascular risk reduction are achievable

CHALLENGE:
Implementation
at scale

Where are the innovation gaps?

Current innovation has been remarkable. Implementation has not.



Further INNOVATION should:

→ ADDRESS DISEASE TRAJECTORIES LINKING DIABETES, OBESITY CKD AND CVD

Preserve organ function | Delay disease progression (T1D/T2D) | Prevent complications | Move beyond glucose lowering

→ MAKE USE OF DATA AND DIGITALISATION

CGMs & connected devices | Digital phenotyping | Remote monitoring, AI-enabled decision-making, HS digitalisation | RWE & registries

→ ADDRESS UNDERSERVED POPULATIONS

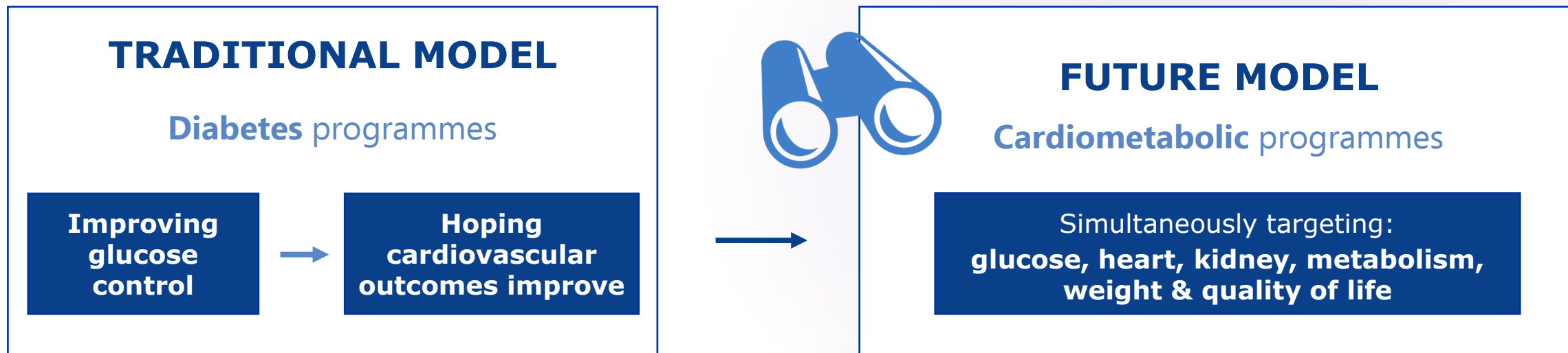
Women, older adults, children | People with multiple long-term conditions | Disadvantaged populations | People managed in primary care

→ BE INTEGRATED AT SCALE THROUGH HEALTH SYSTEM TRANSFORMATION

Integrated diabetes-NCDs clinics | Multidisciplinary primary care teams | Digitally-enabled, person-centred shared care pathways

One of the biggest **innovation gaps** may now be **equitable implementation** rather than scientific discovery

How to align metabolic innovation with cardiovascular outcomes?



- Examples:
- Organ-protective therapies
 - Integrated multidisciplinary clinics
 - Combined diabetes-CVD pathways
 - Combined outcome measures
 - Prevention programmes measuring cardiovascular outcomes from the beginning



Person-centred (cardiovascular & diabetes) benefit should become a design principle — not simply a trial endpoint.

What are the regulatory & policy opportunities?

Enable integrated cardiometabolic innovation

- Develop regulatory approaches that better reflect the interconnected nature of cardiovascular disease, diabetes, obesity and CKD.
- Enable the evaluation of integrated care pathways that combine medicines, medical devices and digital health technologies, reflecting how care is delivered in practice.

Generate evidence that reflects real-world care

- Strengthen lifecycle evidence generation by making greater use of real-world evidence, registries and digital health data.
- Support clinical studies that evaluate integrated models of care—not only individual interventions—to understand long-term, person-centred outcomes.

Ensure coherence across the European innovation ecosystem

- **MFF**: ringfence dedicated investment in health and include focus on integrated cardiometabolic care.
- **Safe Hearts Plan**: promote research and implementation that address disease progression across the cardio-renal-metabolic continuum, not cardiovascular disease in isolation.
- **FP10 / Horizon Europe**: support mission-oriented research spanning prevention, implementation science and innovation, while ensuring inclusive research (e.g. women, older adults and underserved populations).

Conclusions

**Earlier is
better**

Integration beats
fragmentation

**Innovation must
reach everyone**

Regulation should enable innovation that
improves **real-world outcomes**

Support **mission-oriented research** integrating cardiovascular disease, diabetes, obesity, and CKD, linking discovery science with **implementation research** and real-world evidence.

Improved adherence to treatment / lifestyle changes

Put people at the center

Europe does not need more innovation in isolation—it needs innovation, implementation & investment working together.

The next generation of cardiometabolic innovation will not be defined by a single breakthrough medicine or device.

It will be defined by Europe's ability to connect discovery, regulation, implementation and policy into a coherent ecosystem that delivers better outcomes for people.

Thank you for your attention!



@IDFEuropeBXL



International Diabetes Federation Europe



International Diabetes Federation Europe



@idfeurope

Subscribe to our newsletter!



idfeurope@idf-europe.org
www.idf-europe.org