**Aim of investigation** was to conduct the comparative analysis of profile of cardiovascular risk factors in patients with ischemic heart disease (IHD) on a background of normal and impaired carbohydrate metabolism.

**Materials and methods**

With the aim of estimation of different forms IHD frequency depending on the state of carbohydrate metabolism such groups were formed: group I – 113 patients with type 2 diabetes mellitus (DM), group II is 69 persons with impaired glucose tolerance (IGT) and group III is 60 persons without impaired carbohydrate metabolism. In further from these groups of the cardiovascular risk factors inspected for comparison of profile there were the distinguished sub-groups of patients with IHD: 32 patients with type 2 DM and IHD, 14 patients with IGT and IHD, 10 patients with IHD without impaired carbohydrate metabolism. **Results.**

Silent myocardial ischemia (SMI) was educed in 21 (18.6%) patients with type 2 DM, in 5 (7.2%) persons with IGT and in 2 patients (3.3%) with a normal carbohydrate metabolism. From indexes that characterize cardiovascular risk factors and have a high prognostic value in relation to the presence of SMI, combination from next predictors (sex, type 2 DM duration, presence of the burdened domestic anamnesis after IHD and/or type 2 DCM, HbA1c level, high density lipoproteins level, hypertrophy and type 1 diastolic disfunction of left ventricle) have most ability to forecast the presence of the discussed pathology for patients with type 2 DM.

**Conclusions**

A profile of risk factors of cardiovascular diseases in patients with type 2 DM and IHD have most unfavorable. For persons with early violations of carbohydrate metabolism and normal carbohydrate metabolism it statistically does not differ significantly. Patients with type 2 DM and SMI as compared to patients with type 2 DM without IHD have statistically significantly more expressed violations of indexes of risk of development of cardiovascular diseases (smoking, burdened heredity for IHD and/or type 2 DM, violation in the hemostasis system, dyslipidemia, and also additional risk (hyperglycaemia, diabetic nephropathy, dysfunction of the left ventricle).