Introduction.
Population with DM are at substantially increased risk for stroke. Someone who’s had diabetes less than five years has a 70 percent increased risk of ischemic stroke, for 5-10 years has an 80 percent increased risk compared to someone without diabetes. Duration longer than 10 years was linked to more than a threefold increase in the risk.

Methods and patients.
We study all patients admitted at internal medicine department with diagnosis of stroke and T2 DM, during 3 years. We analyse, age, gender, comorbidities, laboratory test, radiology, treatment and outcome.

Results.
Of 338 patients admitted for stroke 97 (28.69 %) had DM, 51 men and 46 women of 78.17±9.5 years-old. Duration of DM 10.6±4.9 years (range 2-40). The 47 % had a length of 10 years or more. Comorbidities, hypertension 82%, dislipemia 47 %, atrial fibrillation 26 %, previous strokes 23 %, IHD 19 %, chronic renal disease 19 %, obesity 18 %, peripheral arteriopathy 16 %, cognitive impairment 14 %, smoker 13 %, retinopathy 12 %. Laboratory test. HbA1c 7±1.2%(5.3-10), cholesterol 163.3±43.42mg/dl, HDL 46±16.5mg/dl, LDL 124±67mg/dl, TG 124±67 mg/dl. Radiology; CT/MRI disclose, ischemic lesion in 90 % (hemispheric, lacunar infarction and TIA), haemorrhage in 10% and in 82 % disclose chronic vascular lesions. Carotid US showed atheromatosis in 64 %. Treatment. Metformin 48%, insulin 28%, sulphonilureas 21%, other (DPP4, glinides, glitazones,) 17%, only diet 5 %. Monotherapy 67%, dual therapy 28%, triple therapy 5 %. Treatment for cardiovascular risk factors: IECAS/ARAB 41%, statins 39%, antiplatelet drugs 26 %. Outcome. Discharge with sequelae 29 %, a new stroke appeared in 7 patients during follow-up. In-hospital mortality 8 %.

Conclusions.
Duration of DM up to 10 years in 47 %. Hypertension was main cardiovascular risk factor. Low mortality but high disability. Metformin was more used drug, monotherapy was main therapeutic regimen.