Intensive Glucose Control Mortality Analyzed

BY DOUG BRUNK

NEW ORLEANS — A baseline hemoglobin A_{1c} level that exceeds 8.5%, a prior clinical history of neuropathy, and/or use of aspirin may flag patients with type 2 diabetes who are at higher risk of mortality with intensive glycemia treatment.

Those are key findings from an analysis of patients enrolled in the Action to Control Cardiovascular Risk in Diabetes (ACCORD) trial, which targeted an HbA_{1c} of less than 6%. The trial was stopped after 3.5 years because of an increase in all-cause mortality in patients who received intensive glycemia treatment, compared with those who received standard treatment.

"Further analysis is obviously warranted," Dr. Jorge Calles-Escandón said during the annual scientific sessions of the American Diabetes Association.

To determine if baseline clinical features could identify patients less suitable for intensive glycemic control, Dr. Calles-Escandón and his associates conducted an intention-to-treat analysis of the 10,251 patients in the ACCORD trial and all-cause mortality at the time intensive treatment was discontinued.

There were 257 deaths in the intensive-treatment group and 203 in the standard-treatment group. Dr. Calles-Escandón, an endocrinologist at Wake Forest University, Winston-Salem, N.C., reported that three baseline factors were significantly associated with an increased risk of mortality in the intensive-treatment group: an HbA_{1c} of 8.5% or greater (hazard ratio 1.64), self-reported history of neuropathy (HR 1.95), and aspirin use (HR 1.45).

Dr. Calles-Escandón is on the speakers bureau for Sanofi-Aventis and Merck, and has received grants from Merck. ■