ACCORD $_{3.5yr}$ vs ADVANCE $_{5yr}$

Comparison of Intensive Groups

- Initial A1C: 8.3% vs 7.5% (both trials had high risk patients; in std groups, annual mortality rates approximately 1½% & 2%)
- A1C $_{Achieved}$ similar 6.4% vs 6.5%
- Patient wt Initial 93.5kg vs 78kg; ↑ 27% >10+kg vs ↓
- Where NA vs Europe/Asia
- Intervention way more intensive vs intensive
  (3+ orals + insulin)$_{52\%}$ vs SU+MF$_{most}$
  glimepiride, MF, rosiglitazone, insulin gliclazide, MF
- Design stopped early$_{17m}$ vs extended$_{18m}$
- Result $_{3.5vs5yrs}$ more death $_{NNH=95}$ vs less nephropathy $_{NNT=91}$
  & less microvasc NNT=67 $_{/5yr}$
- Hypoglycemia severe in both but NNH 14$_{/3.5yr}$ vs 83$_{/5yr}$

Considerations

- Let the target serve the patient, not the patient the target
  Lets not get A1C lazy, just don't go A1C crazy
- High glucose isn't good, but extremely-intensive lowering efforts appear to be worse in some patients
- In ACCORD type patients…
  - Better to live with an A1C of 7.5% than die with an A1C of 6.4%
    (Subanalysis may provide clues; e.g. low CV risk & lower baseline A1C did better)
- In ADVANCE type patients…
  - To pursue an A1C of 6.5% will have benefit, mostly microvascular, but expect more hypoglycemia & hospitalizations.
- Really want to make a difference? Don't forget BP, statin, ASA & lifestyle. E.g. Micro-HOPE Ramipril; CARDS Atorvastatin 10mg/d.

Expect more discussion, analysis and subanalysis.

Related RxFiles Links:

- Diabetes Hypoglycemics Drug Comparison Chart (from book): http://www.rxfiles.ca/acrobat/cht-diabetes.pdf
- Avandia & CV Controversies Q&A: http://www.rxfiles.ca/acrobat/Diabetes-Avandia-CV-Meta-Comments.pdf
- For more, see www.RxFiles.ca

www.RxFiles.ca