

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

DISCLAIMER: The content of this newsletter represents the research, experience and opinions of the authors and not those of the Board or Administration of Saskatoon Health Region (SHR). Neither the authors nor Saskatoon Health Region nor any other party who has been involved in the preparation or publication of this work warrants or represents that the information contained herein is accurate or complete, and they are not responsible for any errors or omissions or for the result obtained from the use of such information. Any use of the newsletter will imply acknowledgment of this disclaimer and release any responsibility of SHR, its employees, servants or agents. Readers are encouraged to confirm the information contained herein with other sources. Additional information and references online at www.RxFiles.ca.

Copyright 2008 – RxFiles, Saskatoon Health Region (SHR) www.RxFiles.ca

www.RxFiles.ca