

No evidence of legacy effect seen for intensive glucose lowering

6 June 2019



0.78 to 1.06; P = 0.23; hazard ratio for death, 1.02; 95 percent confidence interval, 0.88 to 1.18).

During an extended interval of separation of the glycated hemoglobin curves, the risk for major cardiovascular disease outcomes was reduced (hazard ratio, 0.83; 95 percent confidence interval, 0.70 to 0.99). After equalization of the glycated hemoglobin levels, the benefit did not persist (hazard ratio, 1.26; 95 percent confidence interval, 0.90 to 1.75).

"A major implication of the Veterans Affairs Diabetes Trial follow-up study is that [older patients](#) with advanced [diabetes](#) should not expect long-term cardiovascular benefits from intensive glycemic control," write the authors of an accompanying editorial.

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(HealthDay)—There seems to be no evidence of a legacy effect or mortality benefit for intensive glucose control among military veterans with type 2 diabetes, according to a study published in the June 6 issue of the *New England Journal of Medicine*.

Peter D. Reaven, M.D., from the Phoenix Veterans Affairs Health Care System, and colleagues report 15-year follow-up for intensive versus standard glucose lowering following a trial involving 1,791 [military veterans](#) with type 2 diabetes.

The separation of glycated hemoglobin curves between the intensive- and standard-therapy groups averaged 1.5 points during the trial and declined after the trial ended. The researchers found that the risks for major cardiovascular events or death were not lower in the intensive-therapy group versus the standard-therapy group during a period of 15 years of follow-up (active treatment plus post-trial observation; hazard ratio for primary outcome, 0.91; 95 percent [confidence](#) interval,

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APA citation: No evidence of legacy effect seen for intensive glucose lowering (2019, June 6) retrieved 20 September 2022 from <https://medicalxpress.com/news/2019-06-evidence-legacy-effect-intensive-glucose.html>

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