

Quality of Life in the ACCORD Trial

Intensive glycemic control did not improve self-reported physical or mental health.

In the widely cited ACCORD randomized trial, 10,000 older patients with longstanding type 2 diabetes received either intensive glycemic control (target glycosylated hemoglobin [HbA_{1c}] ≤6%) or standard control (target HbA_{1c}, 7.0%–7.9%). Previously, the ACCORD researchers reported that intensive glycemic control did not prevent macrovascular or microvascular complications during 4 years of follow-up ([JW Gen Med Jun 6 2008](#) and [JW Gen Med Jul 13 2010](#)).

Now, the researchers report quality-of-life outcomes in a subset of 2000 patients (1000 each in the intensive and standard groups) who completed standardized questionnaires at baseline and at 1, 3, and 4 years. During the study, no clinically important differences between groups were noted in self-reported physical health, mental health, or effect of diabetes-related symptoms on functional status.

Comment: In the ACCORD trial, intensive glycemic control in older patients with longstanding type 2 diabetes did not prevent adverse cardiovascular events or major microvascular complications and did not extend life. Health-related quality of life can now be added to the list of outcomes that were not affected by tight glycemic control.

— [Allan S. Brett, MD](#)

Published in [Journal Watch General Medicine](#) May 10, 2011