

More Follow-Up from the ACCORD Trial

Once again, intensive glycemic treatment cannot be recommended for older patients with long-standing type 2 diabetes.

In the landmark ACCORD trial, 10,000 older patients with long-standing type 2 diabetes were randomized to achieve a target glycosylated hemoglobin (HbA_{1c}) level of <6% or a target of 7% to 7.9%. The study was stopped after average follow-up of 3.5 years, when mortality was significantly higher in the intensive-treatment group than in the standard-treatment group (5% vs. 4%). During further follow-up of 1.5 years, the intensity of glucose-lowering in the intensive-treatment group was relaxed. Now, researchers report outcomes at 5 years (the originally planned study duration).

Overall mortality remained significantly higher in the intensive-treatment group than in the standard group (7.6% vs. 6.4%). Compared with the standard group, the intensive-treatment group had fewer nonfatal myocardial infarctions, a similar number of nonfatal strokes, and a higher incidence of cardiovascular death. For a primary composite endpoint that combined these three individual outcomes, no significant difference was noted between the intensive-treatment and standard-treatment groups. Within the intensive glucose-lowering group, patients who were also assigned to intensive blood pressure (BP)-lowering (systolic target <120 mm Hg) in a BP substudy experienced higher all-cause mortality than those assigned to a target BP of <140 mm Hg.

Comment: This extended follow-up from ACCORD doesn't change the original message: HbA_{1c} should not be driven lower than 7% in older patients with long-standing type 2 diabetes. The reason for the excess mortality with intensive glycemic treatment remains unknown. The observed detrimental interaction between intensive glucose-lowering and intensive BP-lowering is an interesting hypothesis-generating finding that deserves additional study.

— [Allan S. Brett, MD](#)

Published in [Journal Watch General Medicine](#) March 2, 2011