

Race, ethnicity has no impact on long-term mortality in T2DM

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(HealthDay)—For adults with type 2 diabetes and coronary artery disease, race/ethnicity has no significant impact on the long-term risk of death, according to a study published in the Nov. 1 issue of *The American Journal of Cardiology*.

As part of the Bypass Angioplasty Revascularization Investigation 2 Diabetes (BARI 2D) trial, Nirat Beohar, M.D., from Columbia University in Miami Beach, and colleagues examined the impact of race/ethnicity on [cardiovascular risk factor](#) control and on clinical outcomes in a setting with comparable access to medical care. A total of 1,750 adults with [type 2 diabetes](#) and [coronary artery disease](#) from the United States and Canada were enrolled in the BARI 2D trial, and included 1,189 non-Hispanic whites, 349 non-Hispanic blacks, and 212 Hispanics. Participants were randomized to receive cardiac and glycemic treatment strategies.

During an average follow-up of 5.3 years, the researchers observed no significant variation by race/ethnicity in the long-term risk of death and death/myocardial infarction/stroke (five-year death: 11.0 percent whites; 13.7 percent blacks; 8.7 percent Hispanics; $P = 0.19$). For the 1,168 patients with suboptimal risk factor control at baseline, higher five-year survival was associated with the ability to attain better risk factor control (71, 86, and 95 percent, respectively, for patients with one, two, or three factors in control); this pattern was seen for all race/ethnicities.

"In conclusion, significant race/ethnic differences in cardiac risk profiles that persisted during follow-up did not translate into significant differences in five-year death or death/myocardial infarction/stroke," the authors write.

The BARI 2D Trial received funding, medications, and supplies from pharmaceutical companies.

More information: [Abstract](#)
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