Better outcomes in T2DM with no delay in tx intensification

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(HealthDay)—For patients with type 2 diabetes, not delaying

intensification of oral antidiabetic drugs (OADs) is associated with greater reductions in hemoglobin A1c (HbA1c), and with reduced risks of cardiovascular events and amputations, according to a study published online Feb. 17 in *Diabetes, Obesity and Metabolism*.

Henry J. Folse, Ph.D., from Evidera in San Francisco, and colleagues utilized the Archimedes Model to examine the consequences of delays in OAD treatment intensification in a cohort of hypothetical patients with HbA1c ≥8 percent on metformin, with no history of insulin use. The intensification sequence included addition of a sulfonylurea, dipeptidyl peptidase-4 inhibitor, and thiazolidinedione.

The researchers found that HbA1c was 6.8 percent at one year for patients intensifying without delay, compared with 8.2 percent for those delaying intensification. There were reductions of 18.0, 25.0, 13.7, and 20.4 percent in the risks of major adverse cardiac events, myocardial infarction, heart failure, and amputations, respectively, at five years for no delay versus delay. The risk of severe hypoglycemia increased to 19 percent for no delay, compared with 12.5 percent for delay. Similar trends were seen in the results at 20 years.

"Timing of intensification of OAD therapy per guideline recommendations led to greater reductions in HbA1c and lower risks of complications, but higher risks of hypoglycemia, than delaying intensification," the authors write. "These results highlight the potential impact of timely treatment intensification on long-term outcomes."

Several authors disclosed financial ties to the pharmaceutical and health technology industries.

More information: Abstract
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