

Poor glycemic control may up risk for stroke, death in T2DM

11 October 2019



among patients with type 2 [diabetes](#) (hazard ratios: 1.27 for 54 to 64 mmol/mol, 1.68 for 65 to 75 mmol/mol, 1.89 for 76 to 86 mmol/mol, and 2.14 for >87 mmol/mol, respectively, compared with HbA1c ≤ 53 mmol/mol). For every 10 mmol/mol categorical increment of HbA1c, there was a stepwise increased risk for death (hazard ratio, 1.71 for the highest HbA1c category).

"Hyperglycemia is a modifiable risk factor for stroke; therefore, achievement of good glycemic control should be strived for to minimize this complication," the authors write.

Two authors disclosed financial ties to pharmaceutical companies.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

(HealthDay)—Poor glycemic control is associated with increased risks for stroke and death among patients with type 2 diabetes, according to a study published online Oct. 1 in *Diabetes, Obesity and Metabolism*.

Alexander Zabala, M.D., from the Karolinska Institutet in Stockholm, and colleagues used the Swedish National Diabetes Register to compare [stroke incidence](#) among patients with type 2 diabetes. Each patient with type 2 diabetes (406,271 patients) was matched with five individual population-based controls (2,008,640 control individuals; mean age, 64 years for both).

The researchers found that during a median follow-up of 7.3 years, 6.5 percent of patients with type 2 diabetes and 4.4 percent of controls were diagnosed with a stroke. The incidence rates were 10.88 versus 7.03 events per 1,000 person-years, respectively (hazard ratio [HR], 1.54). In adjusted analysis, the risk for stroke increased with increasing glycated hemoglobin (HbA1c) levels

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APA citation: Poor glycemic control may up risk for stroke, death in T2DM (2019, October 11) retrieved 20 June 2021 from <https://medicalxpress.com/news/2019-10-poor-glycemic-death-t2dm.html>

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