Clinical trials of intensive glycemic control

TrialResults-center www.trialresultscenter.org

1 diabetes type 2

Trial	Treatments	Patients	Trials design and methods
intensive glycemic control vs conventional treatment			
UGDP (insulin) , 1982 n=204/210 follow-up: >5 years	intensive insulin versus standard insulin	patient with non insulin-dependent adult onset diabetes	Parallel groups open
ACCORD , 2008 [NCT00000620] n=5128/5123 follow-up: 3.5y (5y)	very intensive glycemic control through currently available means (targetinga glycosylated hemoglobin <6%) during a mean of 3.7 years versus standard glycemic control (targeting a glycosylated hemoglobin 7.0-7.9%)	patients with type 2 diabetes mellitus at high risk of death and stroke (pre-existing heart disease or two or more additional risk factors for heart disease)	Factorial plan open USA, Canada
ADDITION , 2010 [NCT00237549] n=1678/1379 follow-up: 5 year	intensive multifactorial treatment versus routine care	patients with newly diagnosed type 2 diabetes	Parallel groups open Denmark, United Kingdom, the Netherlands
ADVANCE , 2008 [NCT00145925] n=5571/5569 follow-up: median 5 y	intensive glucose-lowering treatments HbA1C <=6.5% using gliclazide(modified release) plus other drugs versus standard glucose-lowering treatments (targetglycated hemoglobin levels defined on the basisof local guidelines)	patients with type 2 diabetes	Parallel groups open 20 countries
Kumamoto (primary prev) , 1995 n=28/27 follow-up: 8.0y	intensive glycemic control with multiple insulin injection treatment versus conventional insulin injection treatment (1-2 daily injections)	patients with non-insulin-dependent diabetes mellitus and with no retinopathy and urinary albumin excretions <30 mg/24 h	Parallel groups open Japan
Kumamoto (secondary prev) , 1995 n=27/28 follow-up: 8.0y	multiple insulin injection treatment versus conventional insulin injection treatment (1-2 daily injections)	patients with non-insulin-dependent diabetes mellitus and simple retinopathy	Parallel groups open Japan

continued...

Trial	Treatments	Patients	Trials design and methods
Steno 2 , 2003 n=80/80 follow-up: 7.8 y	targeted, intensified, multifactorial intervention versus conventional treatment on modifiable risk factors for cardiovascular disease	patients with type 2 diabetes and microalbuminuria	Parallel groups open Denmark
UKPDS 33 , 1998 n=2729/1138 follow-up: 10.3 y	intensive policy with a sulphonylurea (chlorpropamide, glibenclamide, or glipizide) or with insulin; fasting plasma glucose <6.0 mmol/L versus conventional policy with diet	newly diagnosed patients with type 2 diabetes who after 3 months diet treatment had a mean of two fasting plasma glucose concentrations of 61150 mmol/L	Parallel groups open UK
VA CSDM , 1997 n=75/78 follow-up: 2.3y	intensive glycemic control(stepped plan from 1 evening injection of insulin, alone or with glipizide, to multiple daily injections, target to attain near-normal glycemia levels) versus standard treatment (1 insulin injection every morning)	non-insulin-dependent diabetes mellitus patients	Parallel groups open USA
VADT , 2008 [NCT00032487] n=892/899 follow-up: 5.6y	intensive glucose control versus standard glucose control	military veterans who had a suboptimal response to therapy for type 2 diabetes	Parallel groups open US

More details and results :

- intensive glycemic control for diabetes type 2 in Type 1 and 2 diabetes at http://www.trialresultscenter.org/go-Q240
- intensive glycemic control for diabetes type 2 in type 2 diabetes (NIDD) at http://www.trialresultscenter.org/go-Q267
- intensive therapy for diabetes type 2 in all type of patients at http://www.trialresultscenter.org/go-Q459
- glucose lowering for cardiovascular prevention for diabetes type 2 in meta-regression at http://www.trialresultscenter.org/go-Q692

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