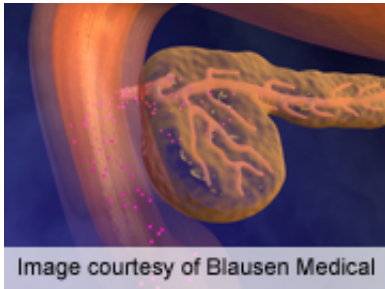


Intensive therapy not superior for diabetes complications

20 May 2014



reductions in the frequency of microvascular events at five years," the authors write.

Several authors disclosed financial ties to pharmaceutical companies, including those which contributed funding to the study.

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

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(HealthDay)—Compared with routine care, early multifactorial therapy did not result in superior microvascular outcomes at five years in individuals with screening-detected diabetes, according to research published online May 1 in *Diabetes Care*.

Anneli Sandbaek, M.D., Ph.D., of the University of Aarhus in Denmark, and colleagues followed up 2,861 of 3,057 individuals with type 2 diabetes detected by screening who had been randomly assigned to intensive treatment or routine care. The authors sought to assess the effect of treatment type on [microvascular complications](#).

The researchers found, at five years, in the intensive treatment group and the routine care group, respectively, any kind of albuminuria in 22.7 and 24.4 percent of individuals (odds ratio [OR], 0.87; 95 percent confidence interval [CI], 0.72 to 1.07), retinopathy in 10.2 and 12.1 percent (OR, 0.84; 95 percent CI, 0.64 to 1.10), and neuropathy in 4.9 and 5.9 percent (OR, 0.95; 95 percent CI, 0.68 to 1.34). Between baseline and follow-up, estimated [glomerular filtration rate](#) increased in both groups (4.31 and 6.44 mL/min, respectively).

"Compared with routine care, an intervention to promote target-driven, intensive management of patients with [type 2 diabetes](#) detected by screening was not associated with significant

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