

Intensive glucose control offers lasting reduction in risk of ESKD

29 March 2016



P blood pressure ($P = 0.01$). The glucose lowering effects on death, cardiovascular death, or major cardiovascular event risks did not vary according to levels of [kidney function](#) ($P > 0.26$).

"Intensive glucose control was associated with a long-term reduction in ESKD, without evidence of any increased risk of cardiovascular events or death," the authors write. "These benefits were greater with preserved [kidney](#) function and with well-controlled blood pressure."

Several authors disclosed financial ties to the pharmaceutical industry; the ADVANCE trial and ADVANCE-ON follow-up study were partially funded by grants from Servier.

More information: [Abstract](#)
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(HealthDay)—For patients with type 2 diabetes, intensive glucose control has long-term benefits for preventing end-stage kidney disease (ESKD), according to a study published online March 22 in *Diabetes Care*.

Muh Geot Wong, M.D., Ph.D., from the University of Sydney, and colleagues examined the long-term effects of intensive [glucose control](#) on the risk of ESKD and other outcomes in survivors of the Action in Diabetes and Vascular Disease: Preterax and Diamicron Modified Released Controlled Evaluation (ADVANCE) trial. A total of 8,494 ADVANCE participants, who had previously been randomized to intensive or standard glucose control, participated in a post-trial follow-up.

The researchers found that by the first post-trial visit, in-trial hemoglobin A1c differences disappeared. After 9.9 years of overall follow-up, the in-trial reduction in the risk of ESKD (seven versus 20 events; hazard ratio, 0.35; $P = 0.02$) persisted (29 versus 53 events; hazard ratio, 0.54;

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APA citation: Intensive glucose control offers lasting reduction in risk of ESKD (2016, March 29)
retrieved 2 December 2022 from <https://medicalxpress.com/news/2016-03-intensive-glucose-reduction-eskd.html>

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