

ADVANCE TRIAL UPDATE

CLINICAL TRIAL SUMMARY

Presenters

The George Institute

Objectives

To provide insights on the risks and benefits of routine blood pressure lowering (regardless of BP level), and intensive lowering of blood glucose levels, in patients with Type 2 diabetes at high risk of cardiovascular events.

<https://clinicaltrials.gov/study/NCT00145925>

**TRIAL
DESIGN**

Randomized, Double Masked, Factorial Assignment
Trial

**SAMPLE
SIZE**

11,138 participants

INCLUSION CRITERIA

- Type 2 diabetes diagnosed at age ≥ 30
- Age ≥ 55 at study entry
- High cardiovascular risk, indicated by History of major macrovascular disease (e.g., stroke, MI, angioplasty, bypass, amputation due to vascular disease) OR History of major microvascular disease (e.g., nephropathy, proliferative retinopathy, macular edema, or diabetic blindness), OR, Diabetes diagnosis ≥ 10 years ago, OR, Other major vascular risk factors (e.g., smoking, high cholesterol, low HDL, microalbuminuria), OR Age ≥ 65

METHODOLOGY

- Data from 11,138 participants in the ADVANCE trial was analyzed.
- The patients were grouped by age at diabetes diagnosis (≤ 50 , 51–60, and >60 years) and by duration of diabetes (≤ 5 , 6–10, and >10 years).

RESULTS

Intensive glucose control significantly reduced the risk of major macrovascular and microvascular events (hazard ratio 0.90, 95% CI 0.82–0.98), with consistent benefits across all subgroups based on age at diagnosis and diabetes duration (P for heterogeneity = 0.86 and 0.47).

Similar consistent effects were seen for all-cause death, cardiovascular death, and individual vascular event components

CONCLUSION

Intensive glucose lowering can be recommended regardless of a patient's age at diabetes diagnosis or the duration of the disease.