Nutzenbewertung einer langfristigen normnahen Blutzuckersenkung bei Patienten mit Diabetes mellitus Typ 2 [Benefit assessment of long-term blood glucose lowering to normal levels in patients with diabetes mellitus type 2 - Rapid report]

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Record Status
This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' objectives
Epidemiological studies in patients with type 2 diabetes mellitus show a clear positive association between blood glucose (BG) levels and elevated microvascular and macrovascular morbidity and mortality, whereby the risk rises continuously with increasing BG levels. In order to avoid diabetes-related late complications, clinical practice guidelines on BG lowering recommend therapy goals in a "near-normal" range ("intensive BG control"). Even if higher BG levels have been associated with a higher risk of late complications in non-interventional epidemiological studies, this does not necessarily mean that the lowering of elevated BG levels also leads in any case to a decrease in the risk of diabetes-related late complications. Only randomized controlled intervention trials can prove whether efforts to achieve low BG levels by means of BG-lowering therapy can actually reduce the risk of serious cardiovascular, cerebrovascular or other vascular events, or other late complications of diabetes.

Authors' conclusions
In patients with type 2 diabetes mellitus, a benefit or harm of intensive BG lowering is not proven for any of the patient-relevant outcomes investigated here, i.e. neither for all-cause mortality nor diabetes-related late complications (fetal or non-fatal MI, fatal or non-fatal stroke, end-stage renal disease, amputation, or blindness), nor health-related quality of life. Likewise, there is no proven harm or benefit with regard to therapy-related factors (severe hypoglycaemia or SAEs), nor is a favourable or unfavourable effect proven on surrogate outcomes such as pre-stages of blindness or pre-stages of end-stage renal disease. However, the data provide indications of harm through an increased rate of severe hypoglycaemia and SAEs independent of hypoglycaemia. This is accompanied by an indication of a benefit with regard to the prevention of non-fatal MI.

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An English language summary is available.

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