Aggressively controlling glucose levels may not reduce kidney failure in type-2 diabetes

Yale UniversityYale University

Yale School of Medicine researchers have found that intensively controlling glucose (glycemic) levels in type-2 diabetes patients may not reduce the risk of kidney failure. The study, which is a review of data from seven clinical trials, is published in the May 28 issue of Archives of Internal Medicine.

To test the hypothesis that aggressive glycemic control can prevent renal disease in patients with type 2 diabetes mellitus, first author Steven G. Coca [1] of Yale and colleagues searched available medical literature and evaluated seven randomized trials involving 28,065 adult patients who were monitored for two to 15 years.

The team found that compared with those who had usual treatment, intensively controlling glucose with higher doses of medication did not definitively reduce the risk of impaired kidney function, the need for dialysis, or death from kidney disease.

Coca said many researchers have presumed that such intensive treatment would benefit patients by protecting the kidneys, but these results question whether patients truly are better off with this approach.

“After pooling the results from the follow-up data in the seven studies examined, our analysis shows that intensive glycemic control may improve some things about the kidney that we measure, but did not affect patients’ outcomes,” said Coca, assistant professor in the section of nephrology in the Department of Internal Medicine at Yale.

Other authors on the study include Faramarz Ismail-Beigi, Nowreen Haq, Harlan M. Krumholz, and Chirag R. Parikh.

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