

## Intensive treatment for T2D pays off in the long run

Publish date: June 25, 2018

By Sharon Worcester

Internal Medicine News

Reporting from ADA 2018

ORLANDO – Intensified multifactorial treatment proved cost effective over time in type 2 diabetes patients in the practice-changing Steno-2 study, according to 21-year follow-up data from the randomized Danish study.

Cumulative direct health care costs from the start of the trial in 1993 through 2014 were about \$13 million in 24 patients in the intensive treatment group who were available for follow-up, and about \$12.3 million in 42 patients in the conventional treatment group. The difference in costs between the groups was not statistically significant, Joachim Gaede reported at the annual scientific sessions of the American Diabetes Association.

Costs per patient-year during 1996-2014, however, were significantly lower in the intensive treatment group (\$9,648 vs. \$10,681, respectively), said Mr. Gaede, a graduate student in the medicine program at the University of Copenhagen.

Furthermore, patients in the intensified treatment group lived a median of 7.9 years longer than did those who were in the conventional treatment group, suggesting that while costs might be higher early on, investing in early intensified treatment of all known modifiable risk factors in high-risk patients will prolong life and still save money over time thanks to reduced complication-related costs, he noted.

Steno-2 was an open, parallel group study initiated in 1993 to compare conventional multifactorial treatment of type 2 diabetes mellitus (T2DM) with an intensified approach over an 8-year period. Enrollment included 160 patients with high-risk type 2 diabetes. After the primary composite cardiovascular endpoint was assessed, the trial continued as an observational study, with all patients given the intensified, multifactorial

treatment that consisted of lifestyle measures and medications targeting hyperglycemia, hypertension, hypercholesterolemia, and hypercoagulation.

Reports from the study over the years led to changes in treatment guidelines to promote more intensive multifactorial treatment, Mr. Gaede said. For example, the initial results reported in 1999 showed a 50% relative risk reduction in kidney, eye, and nerve complications after 4 years with intensive versus conventional treatment; a 2003 report showed a 53% relative risk reduction in MI, stroke, and amputation after 8 years; and a 2008 report demonstrated a 46% relative risk reduction in death after 13 years. Finally, in 2016 a 7.9-year gain in lifespan after 21 years with intensive versus conventional treatment was reported.

In this video interview, Mr. Gaede, junior lead study author, discusses the Steno-2 study findings and the current cost analysis data.

“The bottom line is that ... you can actually, as a patient, be treated at a specialized diabetes clinic ... and, in the long run, it doesn't cost you anything” more, he said, explaining that the up-front costs of intensive treatment are offset by the money saved because of the reduced complications over time.

Mr. Gaede reported having no disclosures.

sworcester@frontlinemedcom.com

SOURCE: Gaede J et al. ADA 2018, Abstract 162-OR.

Link to Steno-2:

<https://clinicaltrials.gov/ct2/show/NCT00320008>

Link:

<https://www.mdedge.com/internalmedicineweb/article/168853/diabetes/intensive-treatment-t2d-pays-long-run?channel=205>