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**Interrelations between Self Measurement of Blood –
Glucose (SMBG), Therapy, Metabolic Disorder and
Non-Fatal or Fatal Events in Diabetes Type II
Patients**

Results of the Longitudinal Cohort Study ROSSO

gmds Leipzig 2006
September 11.-14. 2006

Retroleactive Study “Self-monitoring of Blood Glucose (SMBG) and Outcome in Patients with Type 2 Diabetes”

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Martin et al.: Self-monitoring of blood glucose in type 2 diabetes and long term outcome: an epidemiological cohort study
Diabetologia (2006) 49: 271-278

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- **Study aims:**

The study was designed to investigate the impact of SMBG on diabetes-related morbidity and all-cause mortality in patients with type 2 diabetes.

- **Study type:**

Retrospective, longitudinal, multicenter cohort study with data acquisition from medical records in the centers.

- **Inclusion criteria:**

Patients with diagnosis of type 2 diabetes between January 1. 1995 and December 31. 1999, age greater than 45 years at time of diagnosis and at least one year follow up.

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Results:

3268 Patients from **192** centers were included

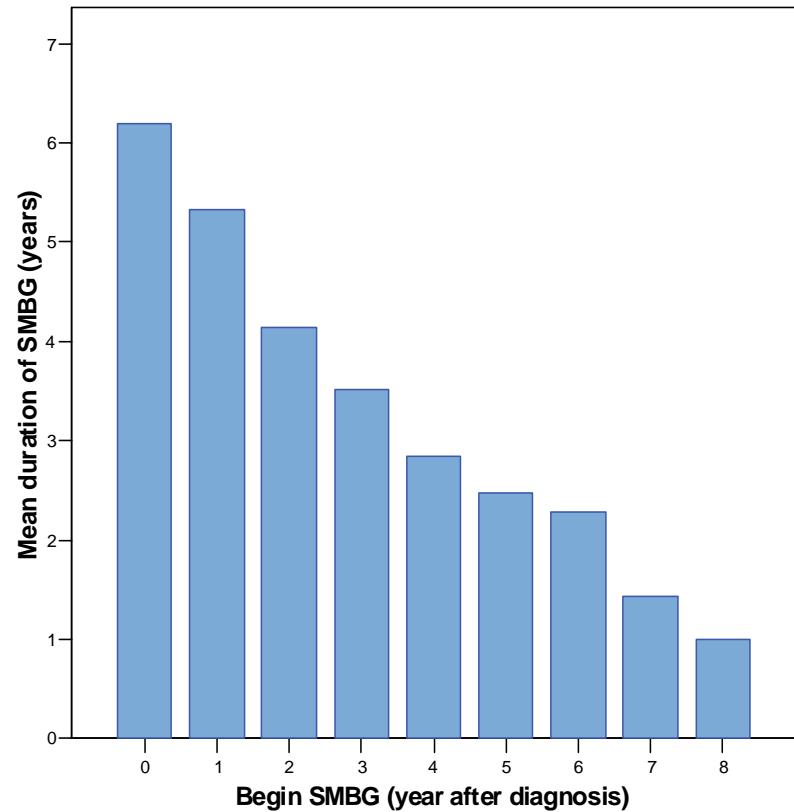
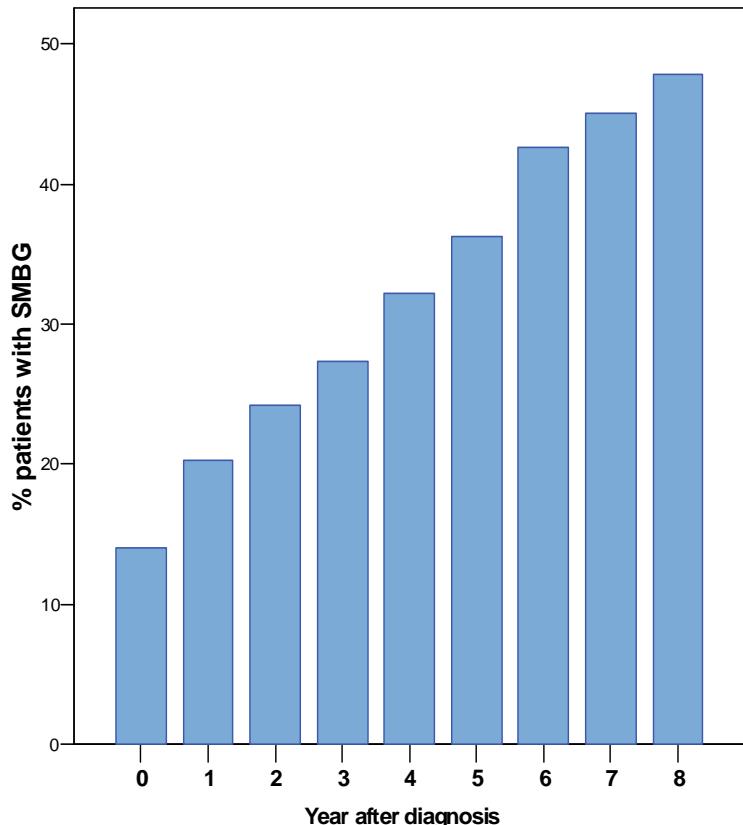
SMBG means 'begin of SMBG before onset of a non fatal event'

- SMBG: **1479** patients (**45%**), no SMBG: **1789** patients (**55%**)
64 patients with SMBG after onset of a non fatal event are included in the 'no SMBG' group.
- Follow up time: mean: **6.51** years
 SMBG **6.69** years
 no SMBG **6.35** years
- Begin SMBG (mean): **2.46** years after diagnosis
- Duration SMBG (mean): **4.26** years

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Patients with SMBG in the years after diagnosis

Begin and duration of SMBG



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Baseline data:

Data at diagnosis	SMBG	no SMBG
treated by general practitioner *	70%	75%
sex (male/female) *	53/47%	46/54%
legislative health insurance *	95%	97%
retired *	49%	60%
coronary heart diseases in anamnesis	21%	24%
myocardial infarction in anamnesis	4.1%	3.9%
stroke in anamnesis	3.0%	3.2%

* significant for $p=0.001$

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Baseline data:

Means of:	SMBG	no SMBG
Age (years) *	60.5	64.0
BMI (kg/m²)	29.9	29.8
Blood pressure systolic (mmHg)	148	150
Blood pressure diastolic (mmHg)	87	87
HbA1c adjusted to 6.1% (%) *	8.14	7.23
Fasting blood glucose (mmol/l) *	10.05	8.66
Total cholesterol (mmol/l)	6.09	6.12
Triglycerides (mmol/l) *	2.86	2.45

* significant at p=0.001

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Diabetes therapy in follow up

	SMBG	no SMBG
Diet:	1415 (96%)	1687 (94%)

Medications before non-fatal event:

	Total	SMBG	no SMBG
No medication	603	66 (11%)	537 (89%)
only Insulin	103	96 (93%)	7 (7%)
only OAD	1912	742 (39%)	1170 (61%)
OAD+INS	650	575 (88%)	75 (12%)

Mean begin of therapy (years after diagnosis)

	SMBG	no SMBG
Insulin (only Insulin)	0.76	0.57
(OAD+INS)	3.52	3.13
OAD (only OAD)	1.34	1.49
(OAD+INS)	0.71	0.80

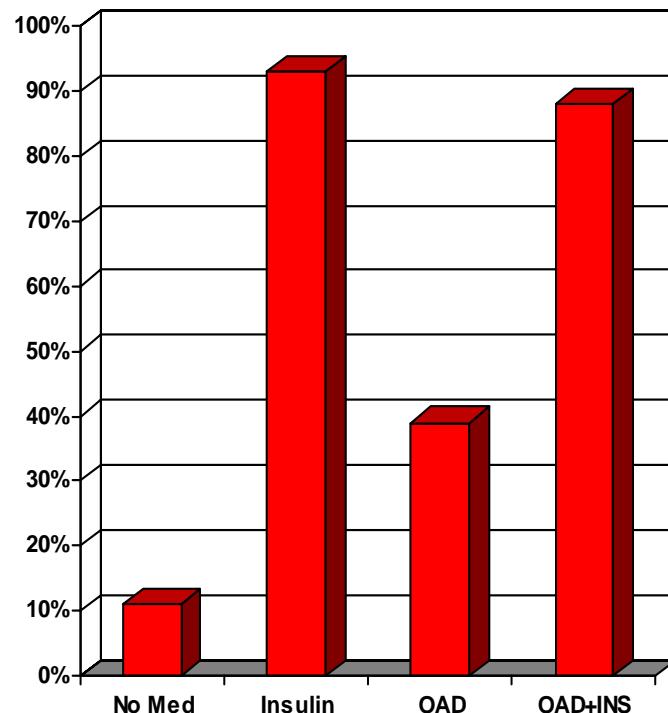
Begin SMBG before insulin **3%** OAD **13%**

Begin SMBG with insulin **90%** OAD **36%**

Begin SMBG after insulin **3%** OAD **51%**

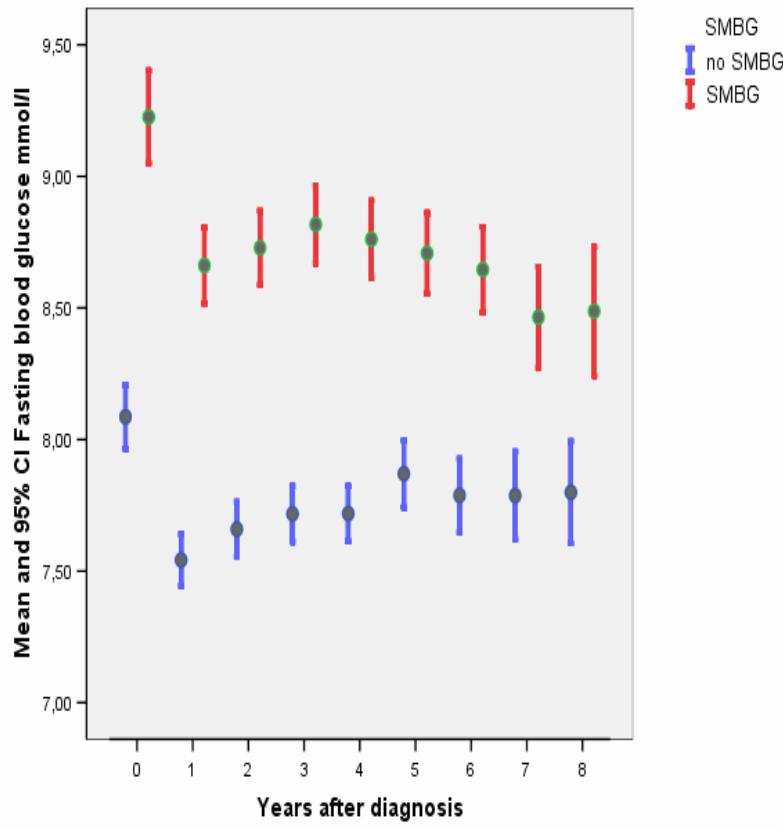
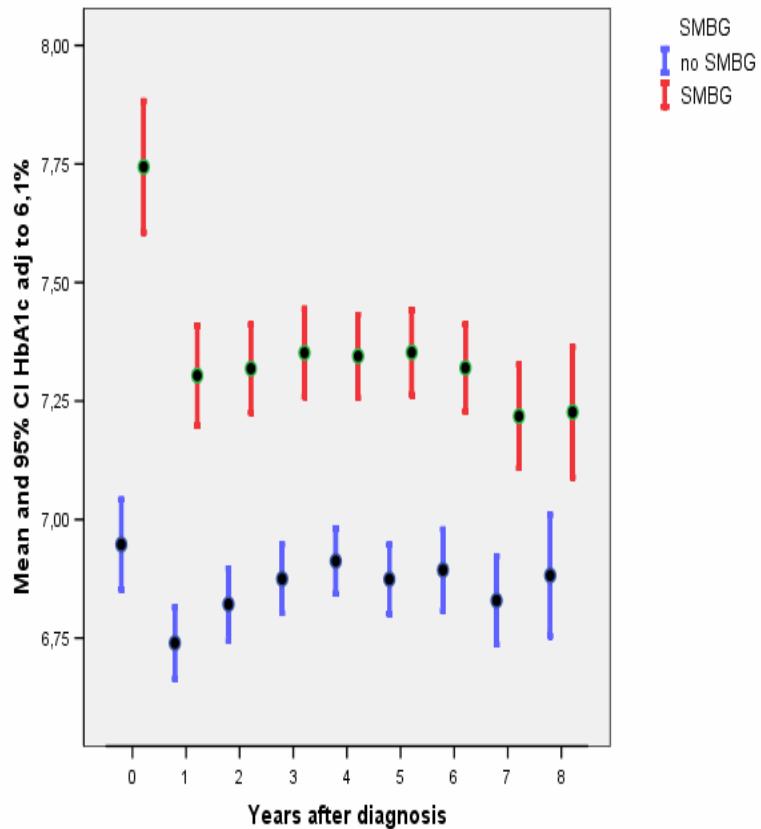
(Patients treated only with insulin or OAD)

% SMBG in treatment groups



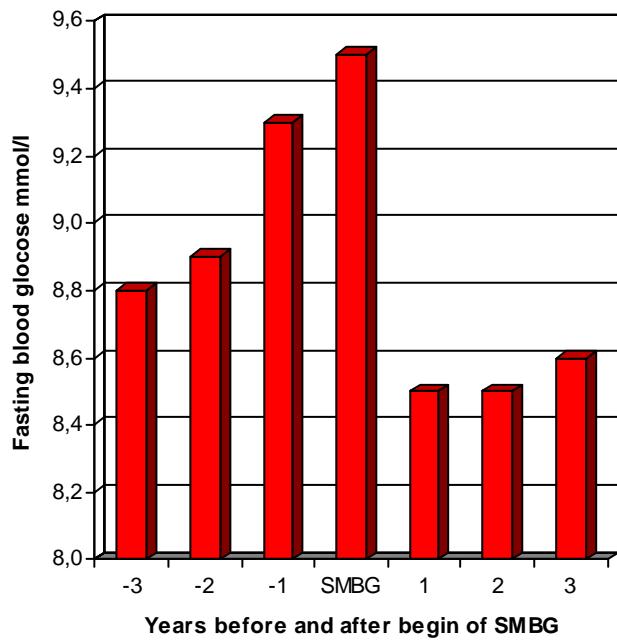
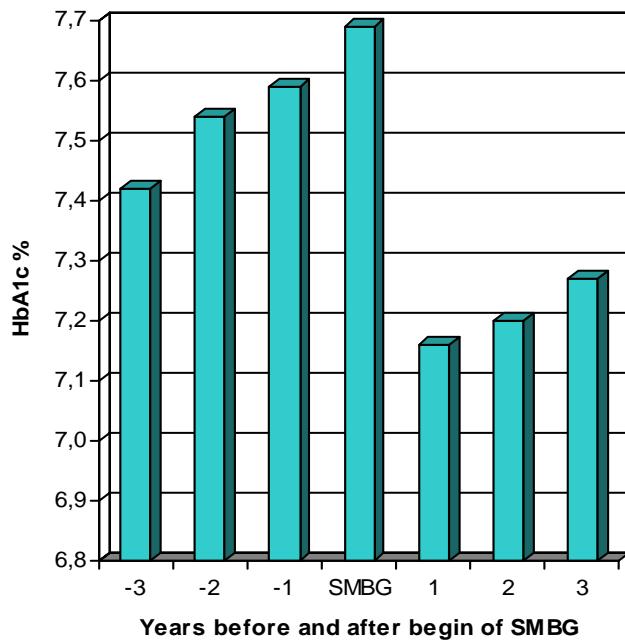
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Development of HbA1c and fasting blood glucose



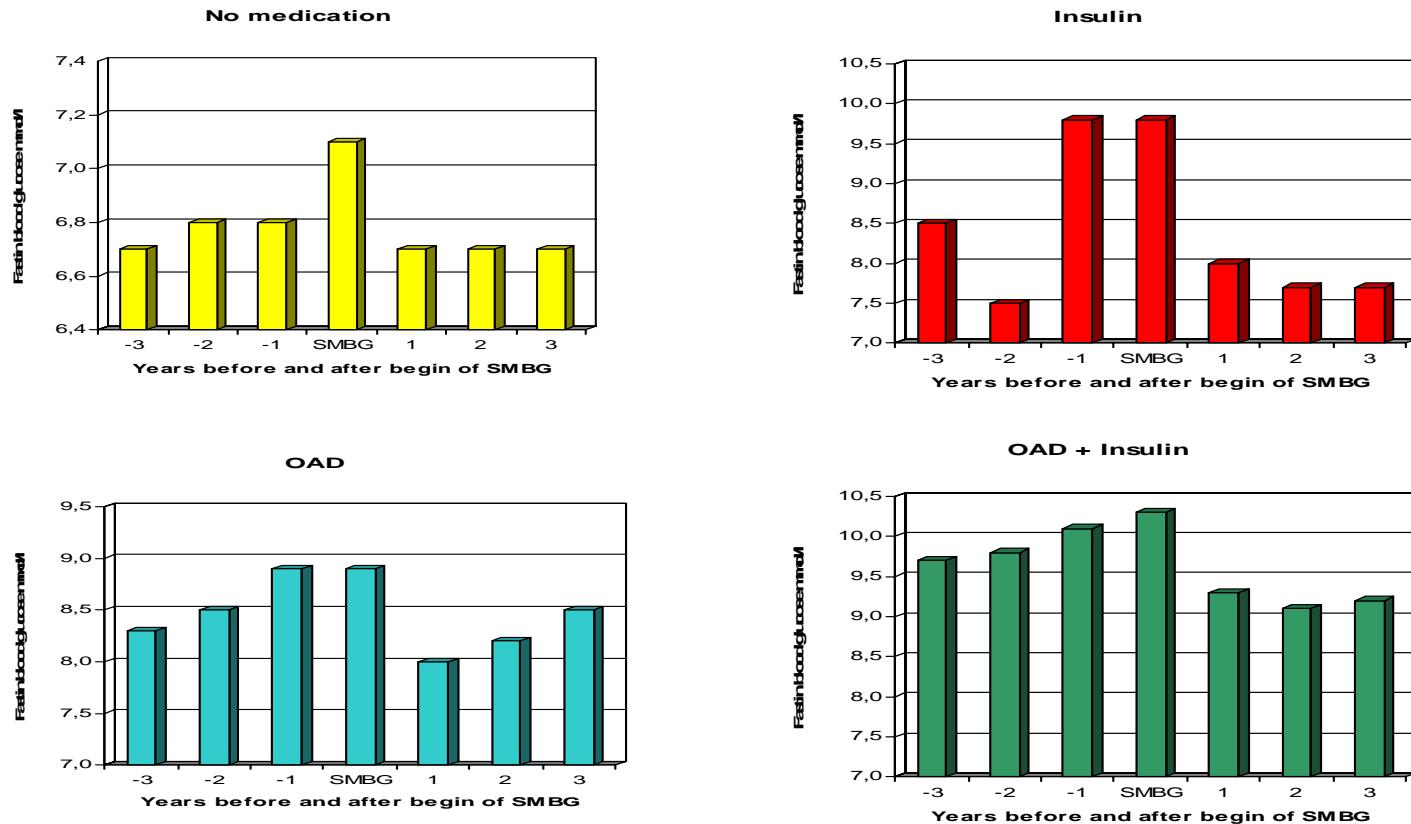
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Mean HbA1c and fasting blood glucose before and after begin of SMBG



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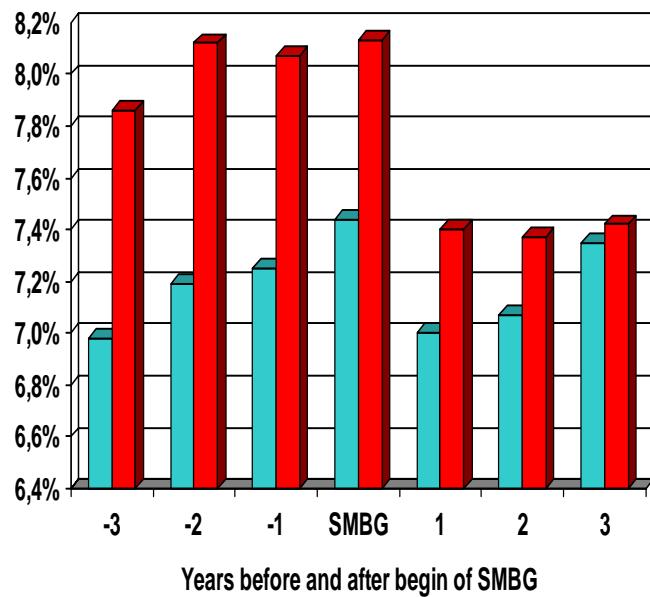
Fasting blood glucose before and after begin of SMBG in treatment groups



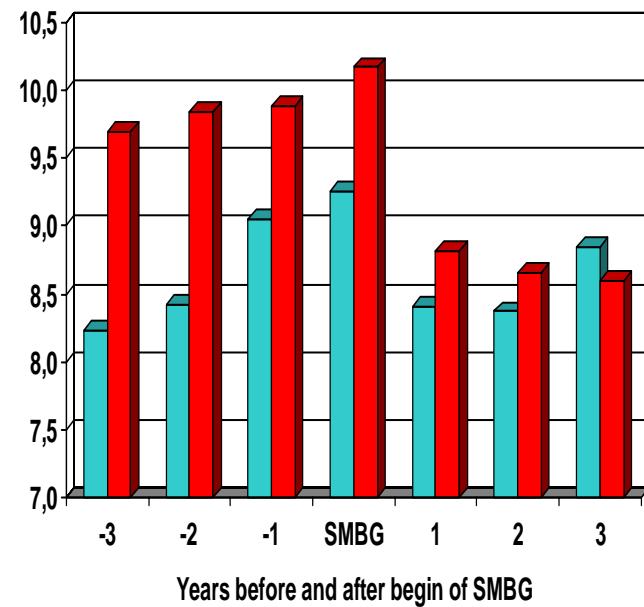
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HbA1c and fasting blood glucose before and after begin of SMBG
by frequency of SMBG (<30 or >=30 measurements per month)

HbA1c



Fasting blood glucose (mmol/l)

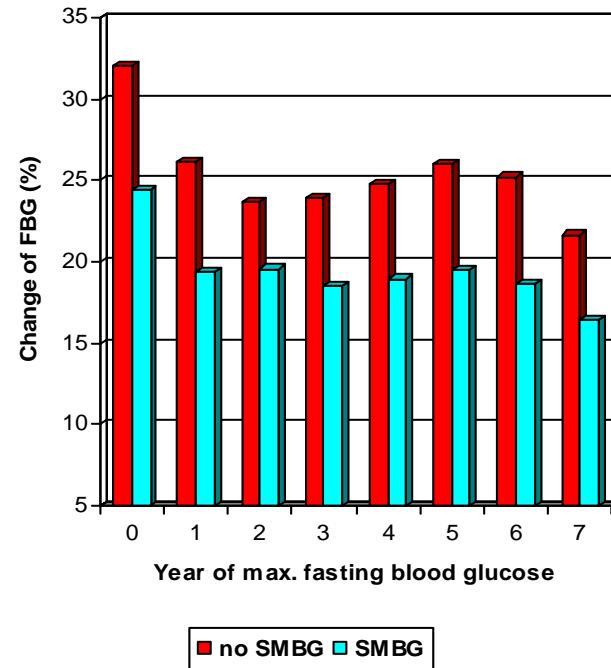
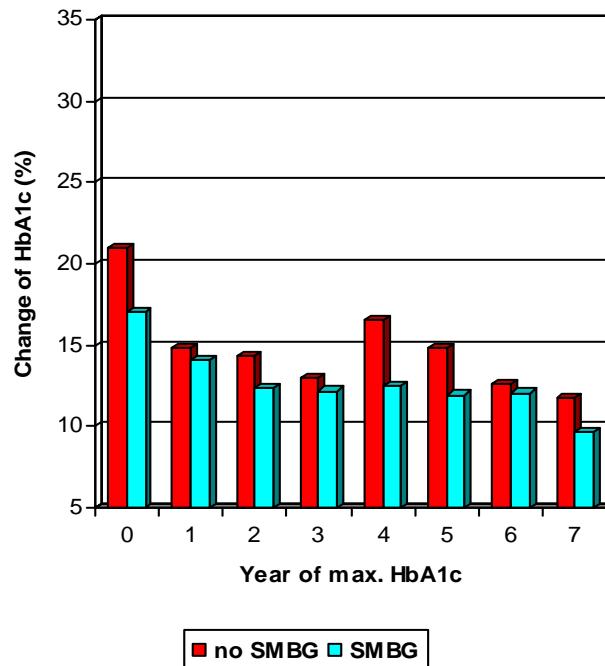


<30/month >=30/month

<30/month >=30/month

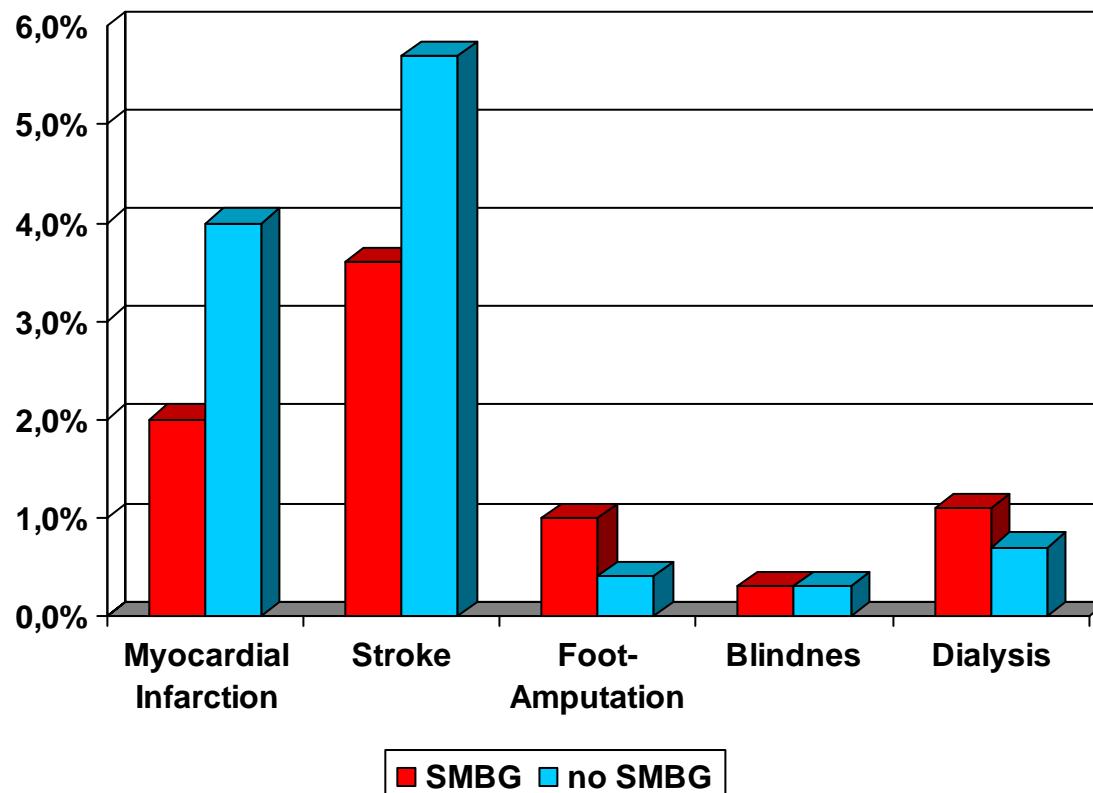
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Mean % change of HbA1c and fasting blood glucose after maximum



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Non fatal events after diagnosis



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Non fatal events

Myocardial infarction, stroke,

Foot-amputation, blindness,

Dialysis dependency

SMBG 107 pts **7.2%**

no SMBG 186 pts **10.4%**

Odds ratio: **0.67** (95%CI:**0.52-0.86**)

Mean survival time:

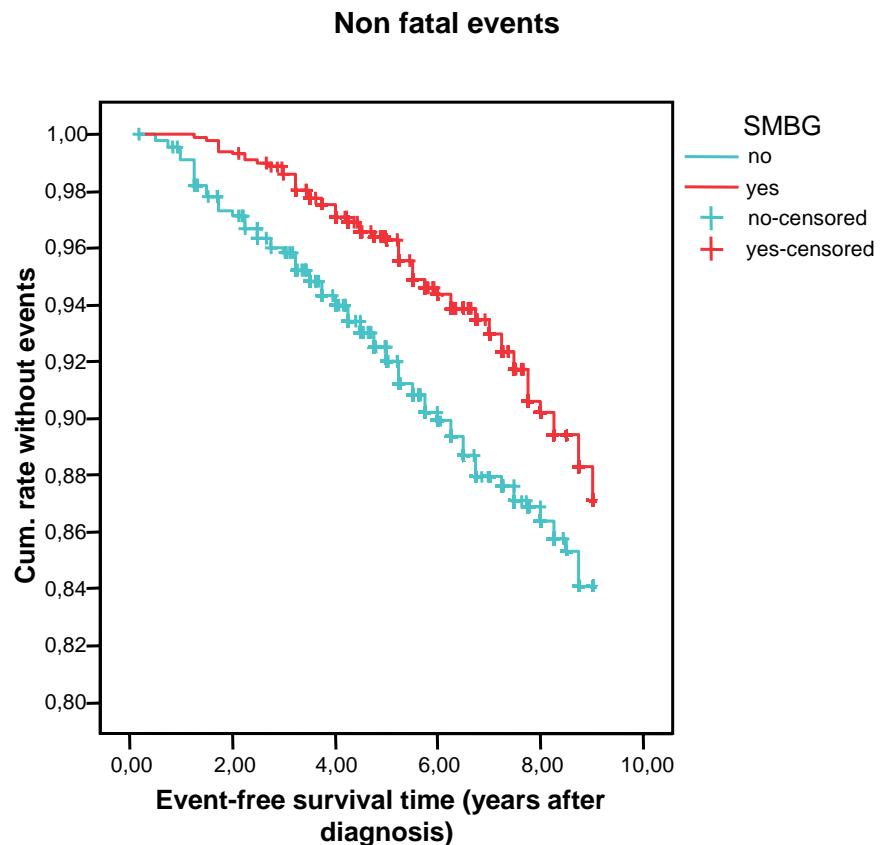
SMBG: **8.63** yrs, no SMBG: **8.36** yrs

Hazard Ratio:

0.63 (95%CI:**0.50-0.80**)

Hazard Ratio adjusted:

0.68 (95%CI:**0.51-0.91**)



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Fatal event (death)

SMBG	41 pts	2.7%
no SMBG	79 pts	4.6%

Odds ratio: **0.62** (95%CI:**0.42-0.91**)

Mean survival time:

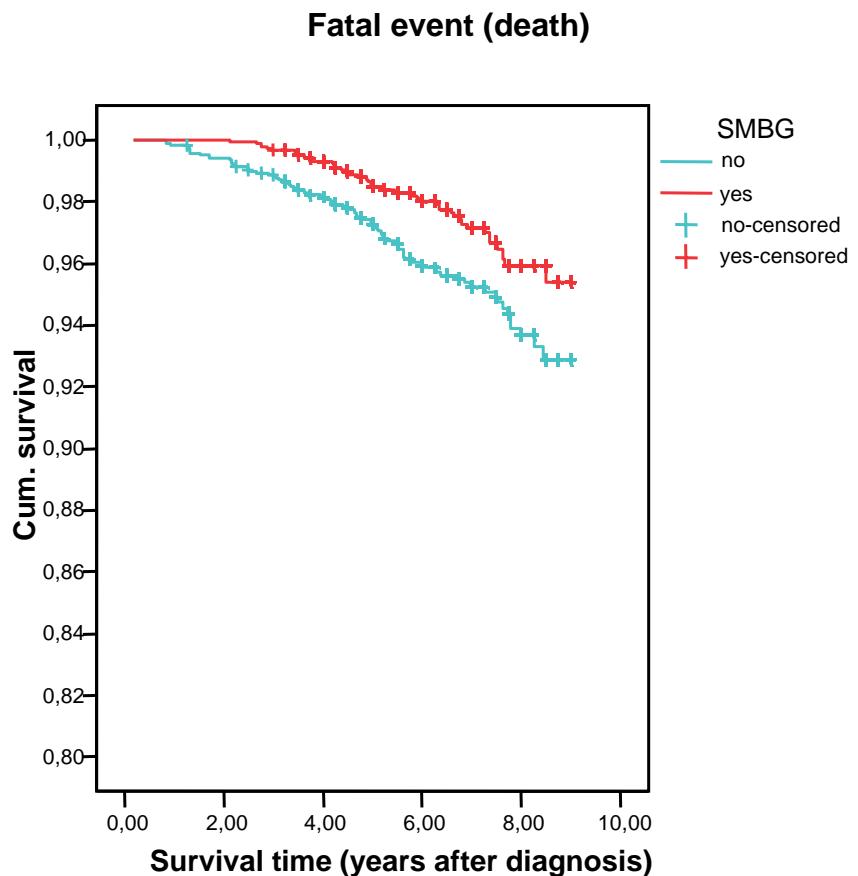
SMBG: **8.87** yrs, no SMBG: **8.75** yrs

Hazard Ratio:

0.52 (95%CI:**0.36-0.76**)

Hazard Ratio adjusted:

0.49 (95%CI:**0.31-0.78**)



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Non fatal or fatal events:

SMBG	144 pts	9.7%
no SMBG	254 pts	14.2%

Odds ratio: **0.65** (95%CI:**0.53-0.81**)

Mean survival:

SMBG: **8.51** yrs, no SMBG: **8.15** yrs

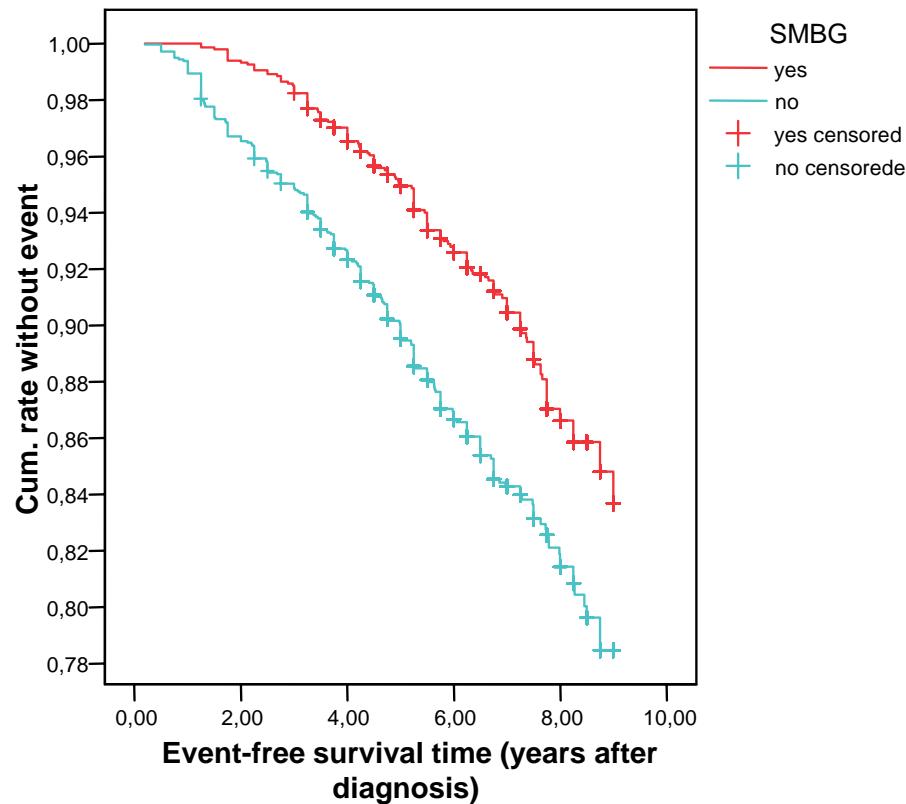
Hazard Ratio:

0.62 (95%CI:**0.50-0.76**)

Hazard Ratio adjusted:

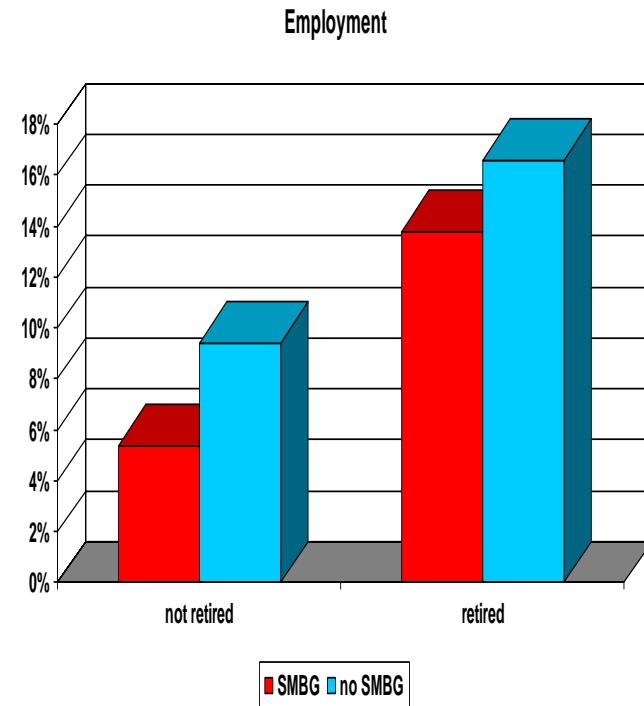
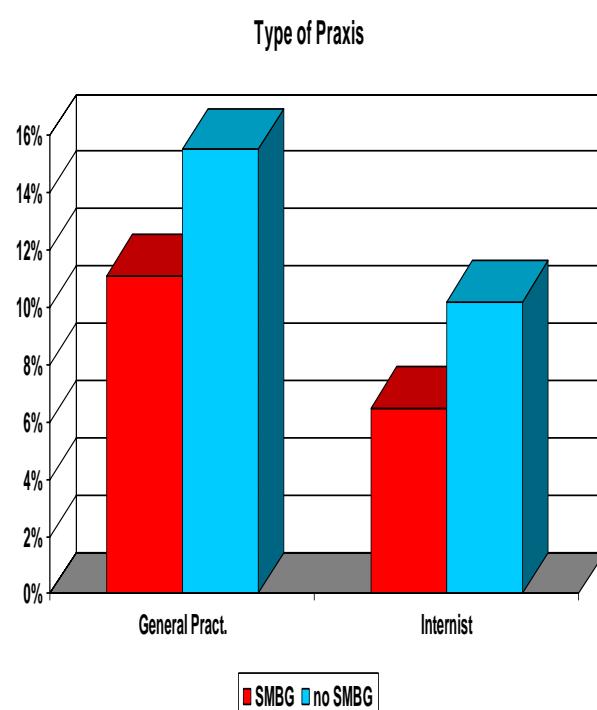
0.61 (95%CI:**0.50-0.76**)

Non fatal or fatal events



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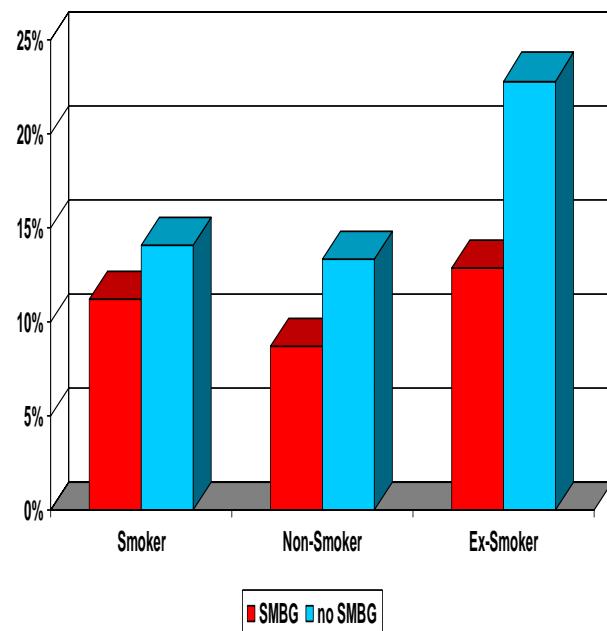
Events in subgroups: Type of praxis and employment



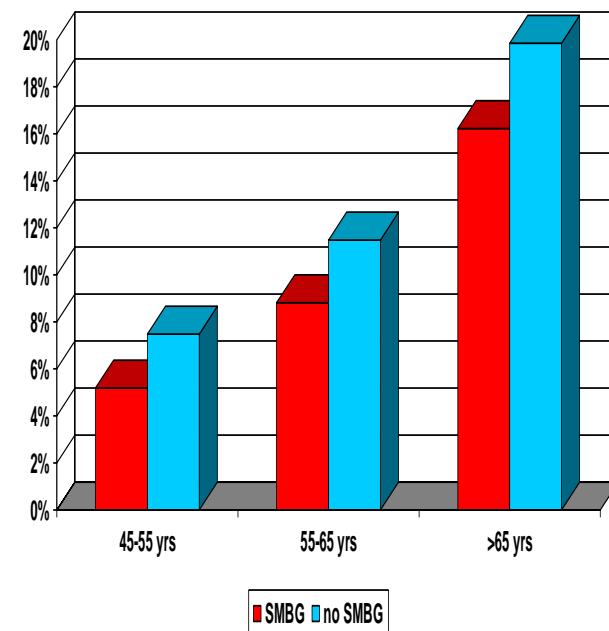
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Events in subgroups: Smoker status and age groups

Smoker Status

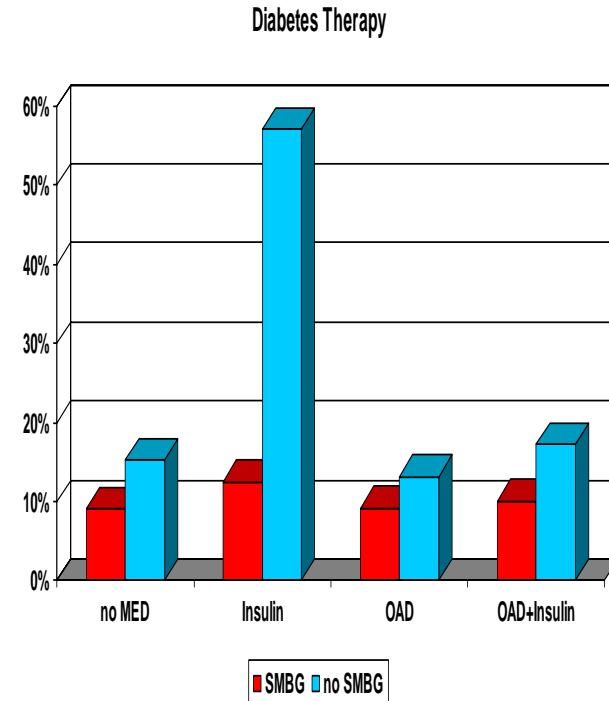
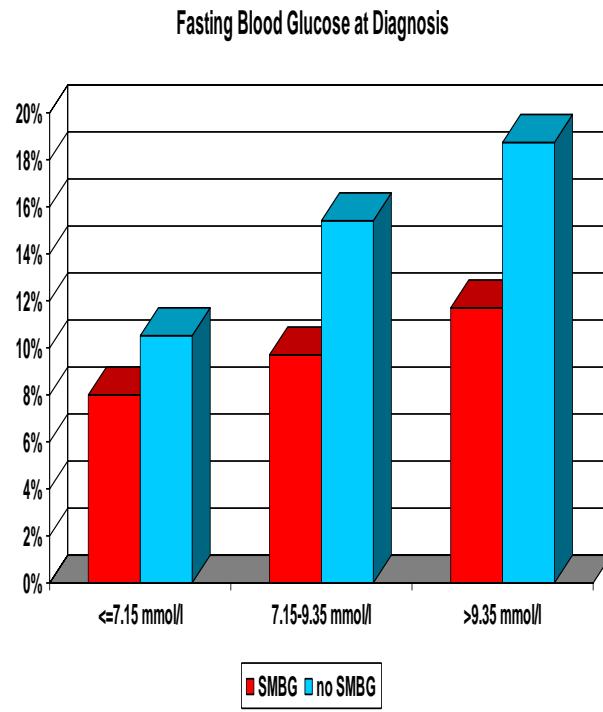


Age Groups



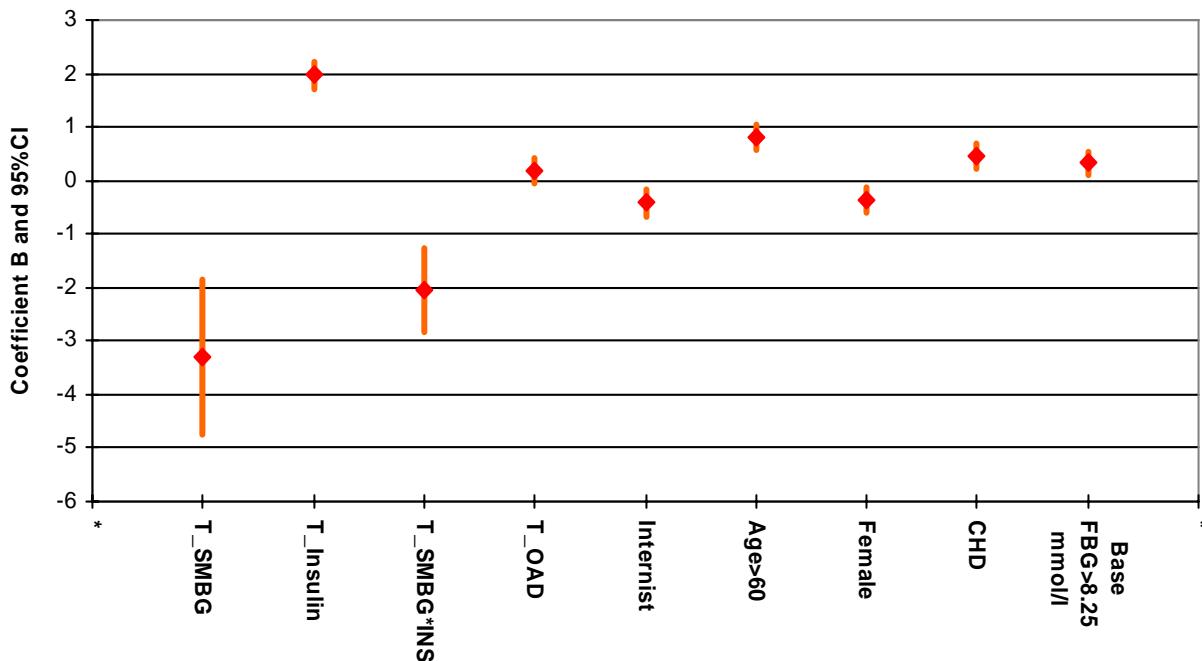
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Events in subgroups: Blood glucose at diagnosis and diabetes therapy



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Coefficients B and 95%CI of Cox regression with time dependent covariates: T_{SMBG} , $T_{Insulin}$, T_{OAD} , Interaction $T_{SMBG} \times INS$



Conclusions

- **Representativity**

The centers and patients represent well the praxis of diabetes type 2 treatment in Germany. The number of included patients (3268) and the follow up time (mean 6.5 years) is high enough to allow valid conclusions.

- **Characterization of patients with SMBG**

Patients who practise SMBG are younger, have more often private insurance and higher blood glucose and triglycerides levels at diagnosis. 93% insulin treated and 39% OAD treated patients perform SMBG. Begin of SMBG is highly associated with an increase of blood glucose to maximum and dropped down significantly after it.

- **Control of diabetes**

Patients with SMBG show a higher reduction of blood glucose and HbA1c after maximum.

- **Outcome**

Patients with SMBG have less and later non fatal or fatal endpoints (odds ratio 0.65, adjusted hazard ratio 0.62). The effect is independent of baseline conditions like age, socio-economic factors and disease status at diagnosis. Cox regression with time dependent SMBG and treatments shows a significant hazard reduction by SMBG and increase for insulin treatment. The hazard with insulin is significantly reduced by SMBG (interaction).