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American College of Physicians diabetes guidelines attempt to turn back the clock, conflating good HbA1c with hypoglycemia.

Bloomgarden Z[1], Einhorn D[2], Handelsman Y[3], Misra A[4], Zonszein J[5], Grunberger G[6], Jellinger PS[7], Garber AJ[8].

- The Clinical Guidelines Committee of the American College of Physicians (ACP) recently released the following Guidance Statements, “Clinicians should aim to achieve anHbA1c level between 7% and 8% in most patients with type 2 diabetes,” and “Clinicians should consider deintensifying pharmacologic therapy in patients with type 2 diabetes who achieve HbA1c levels less than 6.5%”
- **Why do we consider this to be erroneous, and how should recommendations to improve glycemic control be explained in light of up to date approaches?**
- Hypoglycemia emerged as a much stronger predictor of adverse outcome in ACCORD, associated with more than doubling of mortality in the intensively treated group and with more than tripling in the standard treatment group.
- Furthermore, it was not the lower HbA1c target that predicted a worse outcome. Rather, those intensively treated persons whose on-trial HbA1c levels were lower actually had a reduction in mortality compared with the standard control group, while those with higher on-trial HbA1c had a higher mortality rate. The increase in mortality was only seen in the subset of persons with higher HbA1c levels at baseline.
- An important caveat is that HbA1c only partially reflects mean glucose levels… rather than being a marker of hypoglycemia risk, low HbA1c may track with a variety of illnesses in which adverse cardiovascular outcome and mortality occur at such increased frequency as to obscure the beneficial effect of better glycemic control.
- Conflating low HbA1c with hypoglycemia… constitutes a conceptual and logical error.
- **Should we “de-intensify” treatment for those with HbA1c below 6.5%?**
- This is a particularly bizarre suggestion in a set of “evidence-based recommendations” as there is no evidence, no controlled study, and no “real life-big data” that “de-intensified” treatment improves outcome. The only time that de-intensification improves the patient’s condition is when drugs are stopped for hypoglycemia and/or other adverse effects.