

Diabetes

Overtesting in stable type 2 diabetes can lead to overtreatment

A recent study from the United States has found that some patients with stable type 2 diabetes may be having their HbA_{1c} checked more frequently than is necessary, resulting in overtreatment.

The study cohort consisted of 31,545 patients with a mean age of 58 years and mean HbA_{1c} 6.2%. A retrospective data analysis was carried out from commercial insurance data, between 2001 and 2013. The entry criteria were age over 18, with type 2 diabetes that had been stable, defined as an HbA_{1c} < 7% for two consecutive tests within 24 months. Patients were excluded if they were pregnant, using insulin or subject to severe hypoglycaemia or hyperglycaemia.

Frequency of HbA_{1c} testing was measured over 24 months from the second test confirming good control. The frequency of testing was defined as:

- Guideline recommended – once or twice a year
- Frequent – three to four times a year
- Excessive – five or more times a year

Changes in treatment prescribed were ascertained within three months of each test.

In this cohort, patient testing was excessive in 6% and frequent in 55% of cases. Patients over 65 years old and those with extensive comorbidities were the most likely to have excessive testing.

Despite good glycaemic control at baseline, treatment was intensified with the addition of oral hypoglycaemic agents or insulin in 8.4% of these

patients (13% of the excessively treated group, 9% of the frequent group and 7% of the tested as guidelines group). Excessive testing was associated with treatment intensification with an odds ratio (OR) 1.35 (95% CI: 1.22-1.50).

Testing frequency varied over the course of the study. Excessive testing rates remained unchanged in 2003-08 compared with 2001-02. However, excessive testing was less likely in 2009-10 and 2011.

The study was performed in the United States, where some of the pressures to test and treat are different from the NHS environment. In the UK, there is pressure to test and achieve glycaemic targets for QOF payments.

This study is a reminder to GPs that HbA_{1c} measurements need not be repeated more than twice a year in stable patients. HbA_{1c} targets should be set for individual patients, based on age, duration of diabetes and comorbidities.

The benefits of increasing hypoglycaemic treatment are probably most apparent in the younger patient groups, and may be of less benefit, and possibly detrimental, in the older, stable patient.

DR MATTHEW LOCKYER
McCoy RG, Van Houten HK, Ross JS et al. HbA_{1c} overtesting and overtreatment among US adults with controlled type 2 diabetes, 2001-13: observational population based study. *BMJ* 2015;351:h6138

Cardiovascular disease

Clopidogrel vs aspirin in patients with drug-eluting stents

Monotherapy with clopidogrel was associated with a reduced risk of recurrent ischaemic events compared with aspirin in patients with drug eluting stents (DES), in an observational study. All patients had previously undergone 12 months of dual antiplatelet therapy following stent insertion.

A total of 3,243 consecutive patients receiving DES between January 2003 and December 2010 at a medical centre in Korea were studied. Of these, 2,472, mean age 62, had received aspirin and 771, mean age 64, clopidogrel alone after 12 months' treatment with dual antiplatelet therapy.

Patients in the clopidogrel group had more comorbidities and more complex lesions than those in the aspirin group and were also more likely to be smokers.

At 36 months after initiation of antiplatelet monotherapy:

- Clopidogrel was associated with a reduction in risk for a composite of cardiac death, myocardial infarction, or stroke: aspirin (3.8%) versus clopidogrel (2.6%); hazard ratio (HR) 0.54 (95% CI: 0.32-0.92; P = 0.02)
- Risk of cardiac death was lower with clopidogrel (0.5%) than with aspirin (1.4%); HR 0.31 (95% CI: 0.11-0.93; P = 0.04).

Dual antiplatelet therapy for 12 months is recommended following DES insertion to reduce the risk of early in-stent restenosis and further cardiac events. Such therapy can

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