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Comparative effects of microvascular and macrovascular disease on the risk of major outcomes in patients with type 2 diabetes

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absence of biochemical renal assessment during the ADVANCE-ON follow-up, which may underestimate the association between baseline macrovascular disease and kidney disease. Furthermore, peripheral diabetic neuropathy was not investigated as an outcome in the post-trial, ADVANCE-ON, observational study. Although comparable findings were observed when we evaluated the associations of microvascular disease at baseline, including the history of peripheral diabetic neuropathy, with the main outcomes.

Conclusion

The presence of microvascular or macrovascular disease at baseline is independently associated with increased risk of death, MACE, and major clinical microvascular events in people with type 2 diabetes followed for a median duration of 9.9 years, and their coexistence has an additive prognostic value. These findings encourage consideration of prior microvascular disease including retinal status, in addition to traditional cardiovascular risk factors, in selecting participants for forthcoming clinical trials aiming to assess vascular endpoints in patients with type 2 diabetes.

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