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Regional Variations in Case Fatality following a Major Coronary or Cerebrovascular Event in People with Type 2 Diabetes—Evidence from the ADVANCE Trial and TECOS Trial

PHILIP M. CLARKE, XINYANG HUA, JOHN CHALMERS, MARK WOODWARD, ESQ., RUTH L. COLEMAN, JENNIFER B. GREEN, DARREN K. MCGUIRE and RURY R. HOLMAN

[+ Author Affiliations](#)

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Abstract

Objective: To explore possible differences in case fatality after a major coronary (fatal or non-fatal MI, sudden death) or cerebrovascular (fatal or non-fatal stroke) event in different regions of the world according to country's geographical region and income level.

Method: We studied ADVANCE and TECOS participants who experienced a major coronary or cerebrovascular event during these two trials, with countries grouped by: 1) Geographical region; 2)



In this Issue

July 2018,
67(Supplement 1)

[Table of Contents](#)
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ratios for fatal events, controlling for previous complications and for a range of clinical risk factors.

Results: Both studies showed that people from Asia and Central/Eastern Europe (compared with the reference group of Western Europe, North America, Australia and New Zealand), and people from low and middle income countries (compared with those from high income countries), had significantly higher odds of dying within 30 days after a major coronary event but not a major cerebrovascular event ([Table](#)).

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Conclusion: There are regional and income variations in all-cause mortality in people with type 2 diabetes following major coronary but not cerebrovascular events, which could be a result of disparities in emergency systems and MI treatments.

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