There is a direct relation between the degree of glycemic control and the incidence and progression of diabetic complications.

In addition, improving glycemic control improves diabetic complications.

To assess the degree of glycemic control, according to published guidelines, in treated type 2 diabetes mellitus patients who live in a district of Madrid, Spain.

Mean (±S.D.) age was 65.4 ± 11.9 years; 218 (44%) were male. Ninety-six (19%) met coronary artery disease (CAD).

Overall, 56% patients received insulin therapy alone or both insulin and oral hypoglycaemic drugs (OHD), and the remaining 44% took OHD alone.

Only 41% of patients meet the recommended ADA target of HbA1C <7%, the percentage was higher among subjects taking OHD than in those on insulin (48% vs. 30%; P=0.007), whereas no significant difference for HbA1C was found between individuals with and without CAD.

Overall, 56% patients received insulin therapy alone or both insulin and oral hypoglycaemic drugs (OHD), and the remaining 44% took OHD alone.

More patients reached the target for PCG than for FPG (65% vs. 27%) and there were no differences between the treatment subgroups.

The poor glycemic control observed in the diabetic population studied, supports the need for more aggressive treatment in these patients to achieve the goals recommended by the accepted guidelines.