

# RECORD: inclusion criteria

- **Type 2 diabetes**
- **Age 40–75 years**
- **BMI > 25.0 kg/m<sup>2</sup>**
- **On metformin or sulfonylurea monotherapy\***
- **HbA<sub>1c</sub> >7.0 and ≤9.0%**

\* Permitted sulfonylureas:

**glibenclamide (glyburide), gliclazide, glimepiride**

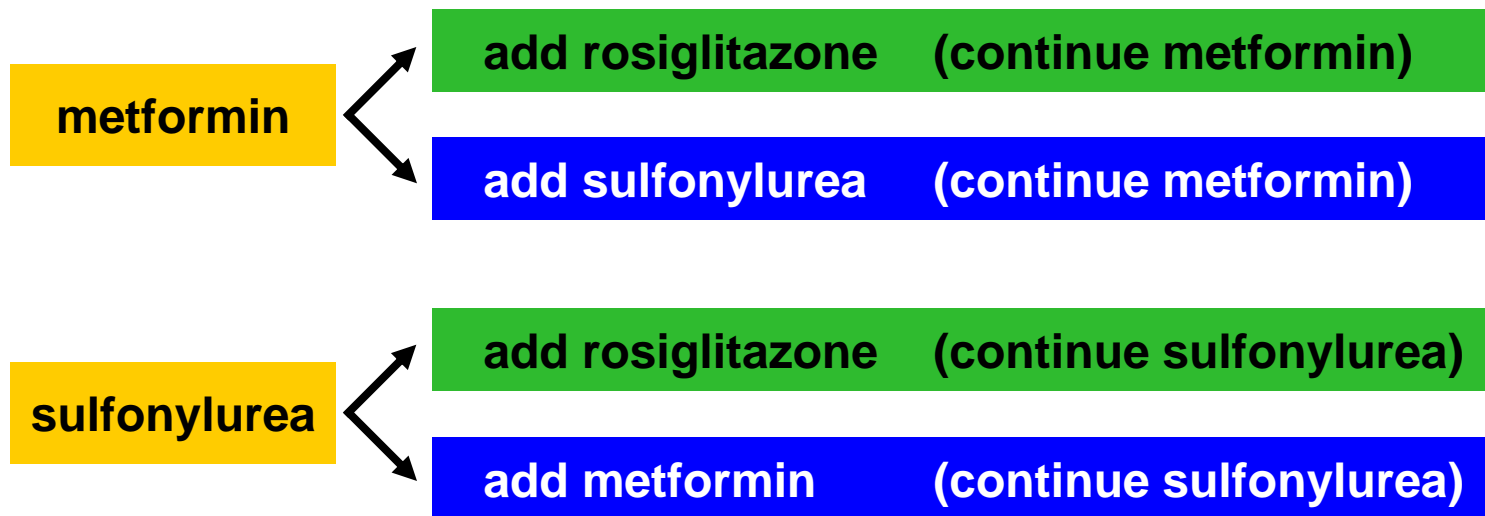
# RECORD: exclusion criteria

- **Hospitalization for major cardiovascular event in previous 3 months**
- **Planned cardiovascular intervention**
- **History of treatment for heart failure**

# RECORD: study design

People on monotherapy

Randomly allocated to dual therapy



**Primary outcome:** cardiovascular hospitalisation or cardiovascular death

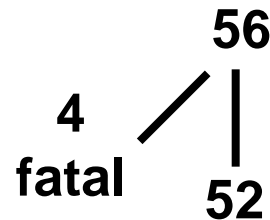
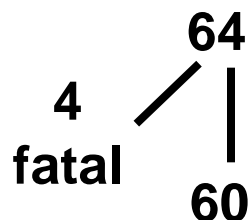
**Mean follow-up:** 5.5 years

# Outcomes after “first” acute MI

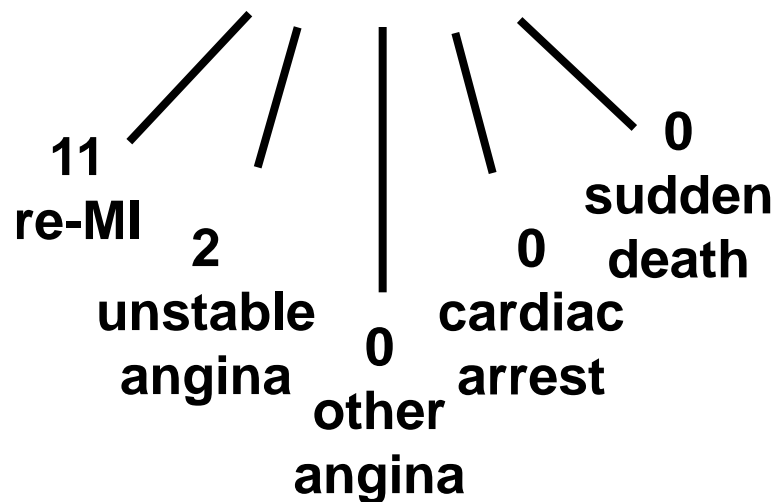
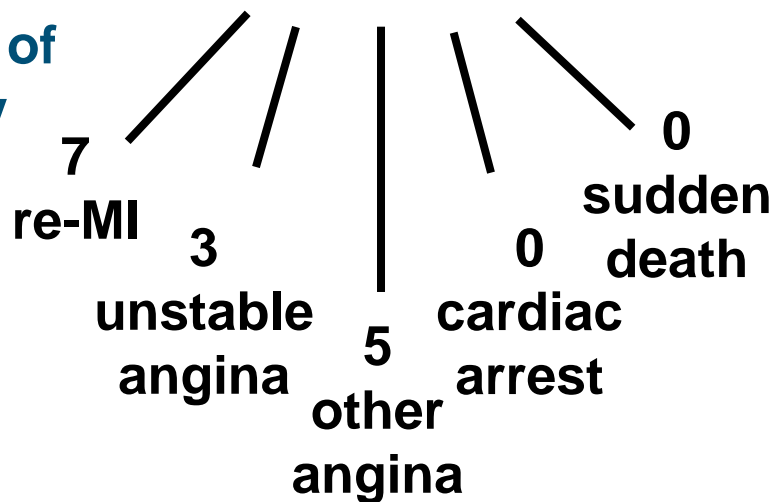
## Rosiglitazone + met or SU

## Metformin and sulfonylurea

“First MI”



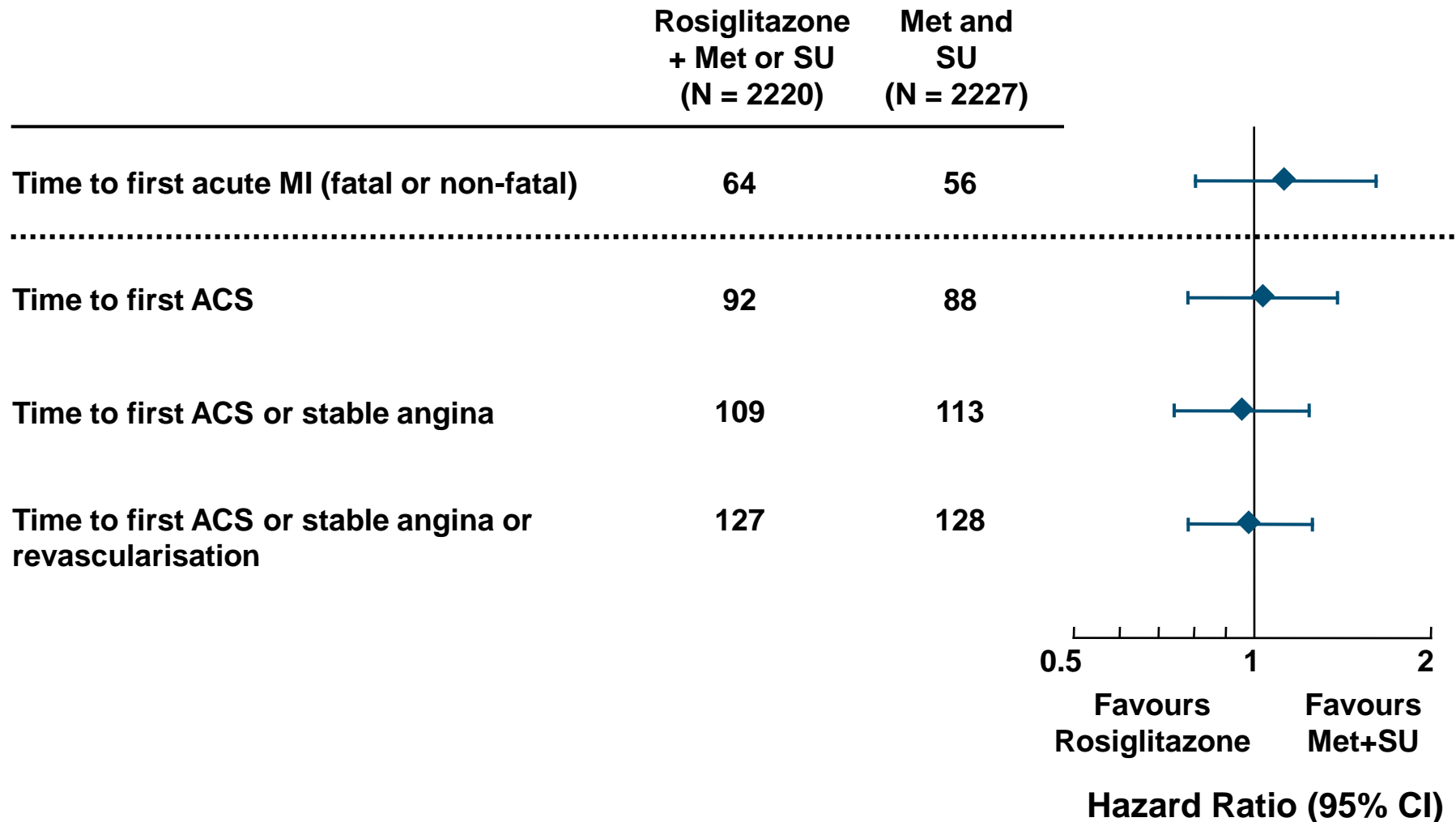
By end of study



11 deaths (7 cardiovascular)

12 deaths (10 cardiovascular)

# Time to 1<sup>st</sup> event composites: summary



# Analysis of total events

	Rosiglitazone+ Met or SU (n=2220) Patients (Events)		Metformin and sulfonylurea (n=2227) Patients (Events)	
<b>Deaths</b>				
• Acute MI	7	-	10	-
• Sudden	8	-	12	-
<b>Hospital Admissions</b>				
• Cardiac arrest	1	(1)	1	(1)
• Acute MI	60	(66)	52	(57)
• Unstable angina	24	(28)	24	(28)
• Other angina	25	(31)	26	(29)
<b>Revascularizations</b>				
- CABG	27	(27)	27	(27)
- PCI	46	(53)	61	(66)
<b>All</b>	<b>127</b>	<b>(221)</b>	<b>128</b>	<b>(230)</b>