ผนวก ข

Transition probabilities and risk adjustment factors

ตารางที่ ข1.
ค่า Transition probability ที่เปลี่ยนแปลงจากการลดค่า HbA_{1C} ลง 1%

Types of complications	Transition	References	Risk reduction
Cardiovascular diseases	Congestive heart failure	1	16%
	Myocardial infarction	1,2,3	14%
	Angina	2	10%
Neuropathy	Onset of neuropathy	4	37%
Peripheral vascular diseases	Onset PVD	5	43%
Nephropathy	Onset of MA	4	43%
	MA to GPR	4	37%
	GPR to ESRD	4	37%
	ESRD to dead	4	13.3%
Retinopathy	Onset of BDR	5	37%
	BDR to PDR	5	37%
	PDR to SVL	5	37%
	Onset ME	5	37%
Cataract	Onset of cataract	1	19%

PVD = Peripheral vascular disease, MA = Microalbuminurea

GPR = Gross protein urea, ESRD = End-stage renal disease

BDR = Borderline diabetes retinopathy, PDR = Proliferative diabetes retinopathy

SVL = Severe vision loss, ME = Macular edema

ตารางที่ ข2.

Summary of risk adjustment in the myocardial infarction (MI) sub-model

Transition Probability	Glycemic control adjustment		Aspirin treatment adjustment		ACEI treatment adjustment		Statin treatment adjustment		Renal function adjustment	
	Details	Ref.	Details	Ref.	Details	Ref.	Details	Ref.	Details	Ref.
First MI	Based on HbA_{1C}	1	61% risk reduction	6	No effect	None	31% risk reduction	7	Relative risk if: MR developed = 1.96 GPR developed = 2.73 ESRD developed = 2.73	8
Recurrent MI	No proven link	NA	32% risk reduction	9	22% risk reduction	10	81% risk reduction	7	As above	8
Sudden death after MI	No proven link	NA	No effect	None	No effect	11	53% risk reduction	7	No proven link	NA
Death in 12 months after MI	Relative risk with IIT: 1 Relative risk with CIT: 1.3684	3	No effect	None	26% risk reduction	11	53% risk reduction	7	No proven link	NA
Long-term mortality after MI	No proven link	NA	32% risk reduction	9	26% risk reduction	11	53% risk reduction	7	<65 years, Risk multiplier= 0.0818182 65-75 years, Risk multiplier= 1 Over 75 years, Risk multiplier= 1.348485	12

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