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Sommario/riassunto	Prevalence of type 2 diabetes is increasing at an alarming pace, fueled by the rising rates of overweight and obesity in many populations. In the VA healthcare system, the prevalence of diabetes was 20% in fiscal year 2000 and is now estimated at nearly 25%. Although people with diabetes have a substantially increased risk of cardiovascular disease (CVD), recent trials show that intensive glucose lowering does not reduce the risk of CVD death or all-cause mortality although it reduces the risk of microvascular complications (nephropathy, retinopathy and neuropathy) and possibly non-fatal myocardial infarction. Intensive glucose control also increases the risk of hypoglycemic episodes. Several recent meta-analyses of the trials comparing intensive to conventional glucose control concluded that intensive control is associated with a 2-2.5 fold increased risk of severe hypoglycemia. The reviews however have not included smaller randomized trials, trials focused on the comparison of specific drug regimens, and non-randomized trials. We conducted the current review to provide broader

insight into the incidence of, the risk factors for, and the clinical and social impact of severe hypoglycemia in adults with type 2 diabetes treated with glucose lowering medications.