

Creatinine excretion rate linked to higher mortality in T2DM

February 12 2013



In patients with type 2 diabetes and nephropathy, a lower creatinine excretion rate is associated with higher all-cause mortality, according to research published online Jan. 8 in *Diabetes Care*.

(HealthDay)—In patients with type 2 diabetes and nephropathy, a lower creatinine excretion rate (CER) is associated with higher all-cause mortality, according to research published online Jan. 8 in *Diabetes Care*.

In an effort to examine whether CER is associated with outcome in diabetes, Steef J. Sinkeler, M.D., of the University of Groningen in the Netherlands, and colleagues used data from two trials involving 1,872 patients with [type 2 diabetes](#) and nephropathy and 24-hour urinary creatinine excretion data.

After a median follow-up period of 36 months, the researchers note that 300 patients had died. Factors that were positively and independently

associated with CER were body surface area, hemoglobin, black race, and [albuminuria](#), while female gender and age were inverse independent determinants of CER. The risk of all-cause mortality increased as CER decreased in a Kaplan-Meier analysis of sex-stratified tertiles of the CER. In multivariate analysis, lower CER correlated independently with an elevated risk of all-cause mortality (hazard ratio, 0.39). These results were similar after adjustment for potential collection errors.

"In conclusion, the CER, which serves as a surrogate marker for muscle mass, was inversely associated with all-cause mortality in diabetic patients with nephropathy, thus indicating that the CER can be used as a risk marker in this population," the authors write. "It would be of interest to see whether halting the loss of muscle mass seen in diabetes by physical activity may improve outcomes."

The trials were sponsored by Merck, [Bristol Myers Squibb](#), and Sanofi-Aventis. One author disclosed financial ties to Merck.

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Citation: Creatinine excretion rate linked to higher mortality in T2DM (2013, February 12)
retrieved 6 May 2024 from
<https://medicalxpress.com/news/2013-02-creatinine-excretion-linked-higher-mortality.html>

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