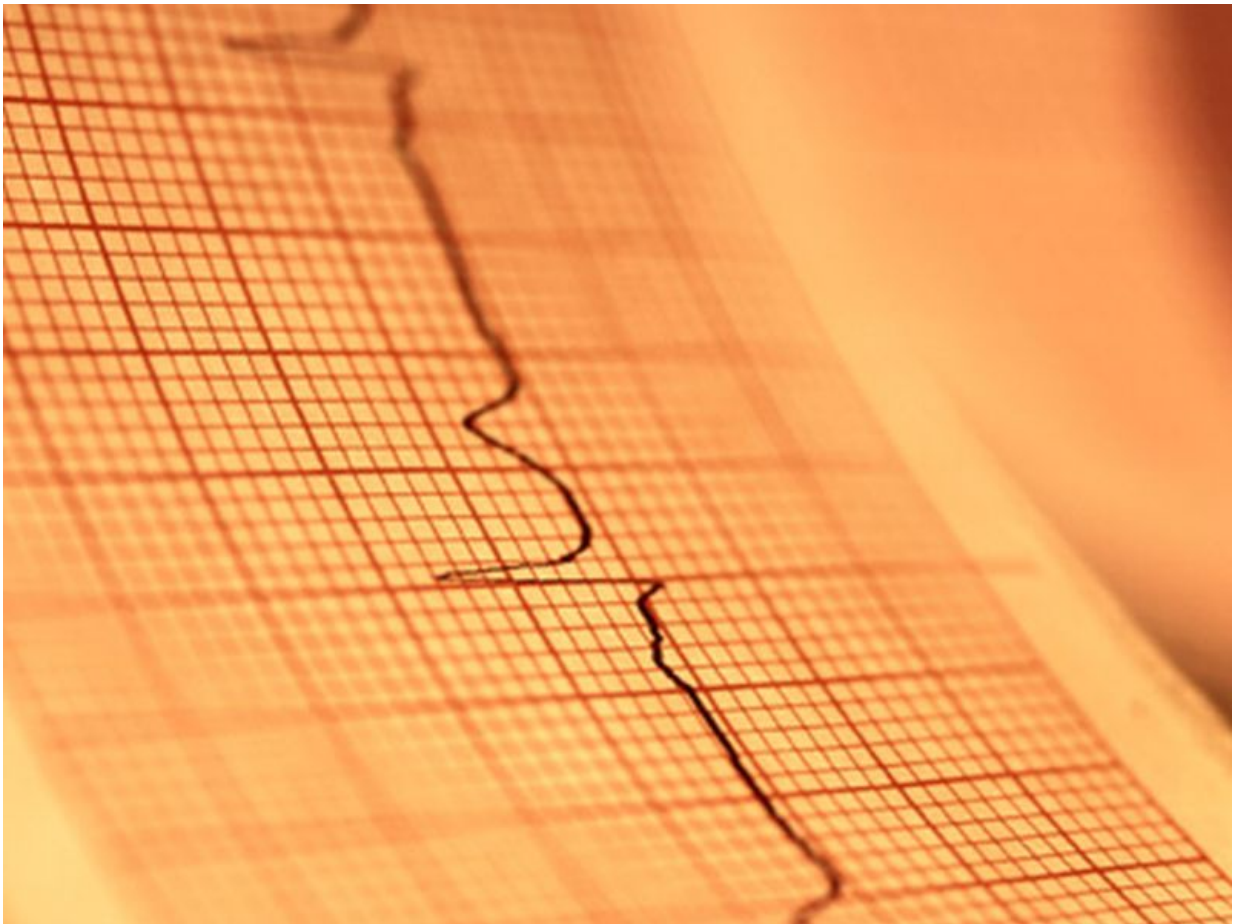


Differences in arrhythmic risk in nocturnal, daytime hypoglycemia

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(HealthDay)—For young adults with type 1 diabetes, there are

differences in arrhythmic risk and cardiac repolarization during nocturnal versus daytime hypoglycemia, according to a study published online Feb. 17 in *Diabetes Care*.

Peter Novodvorsky, from the University of Sheffield in the United Kingdom, and colleagues examined the effect of nocturnal and daytime clinical [hypoglycemia](#) on electrocardiogram (ECG) in 37 individuals with type 1 [diabetes](#). Participants underwent 96 hours of simultaneous ambulatory ECG and blinded continuous interstitial glucose monitoring (CGM).

The researchers obtained 2,395 hours of simultaneous ECG and CGM recordings: 159 and 1,355 hours were designated hypoglycemia and euglycemia. The median duration of hypoglycemia was longer during the night than during the daytime (60 versus 44 minutes; $P = 0.020$). Overall, 24.1 and 51.0 percent of nocturnal and daytime episodes, respectively, were symptomatic. Compared with matched euglycemia, bradycardia was more frequent during [nocturnal hypoglycemia](#) (incidence rate ratio [IRR], 6.44; 95 percent confidence interval [CI], 6.26 to 6.66; P

"Our data provide further evidence that hypoglycemia is proarrhythmogenic," the authors write.

One author disclosed financial ties to the pharmaceutical industry.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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