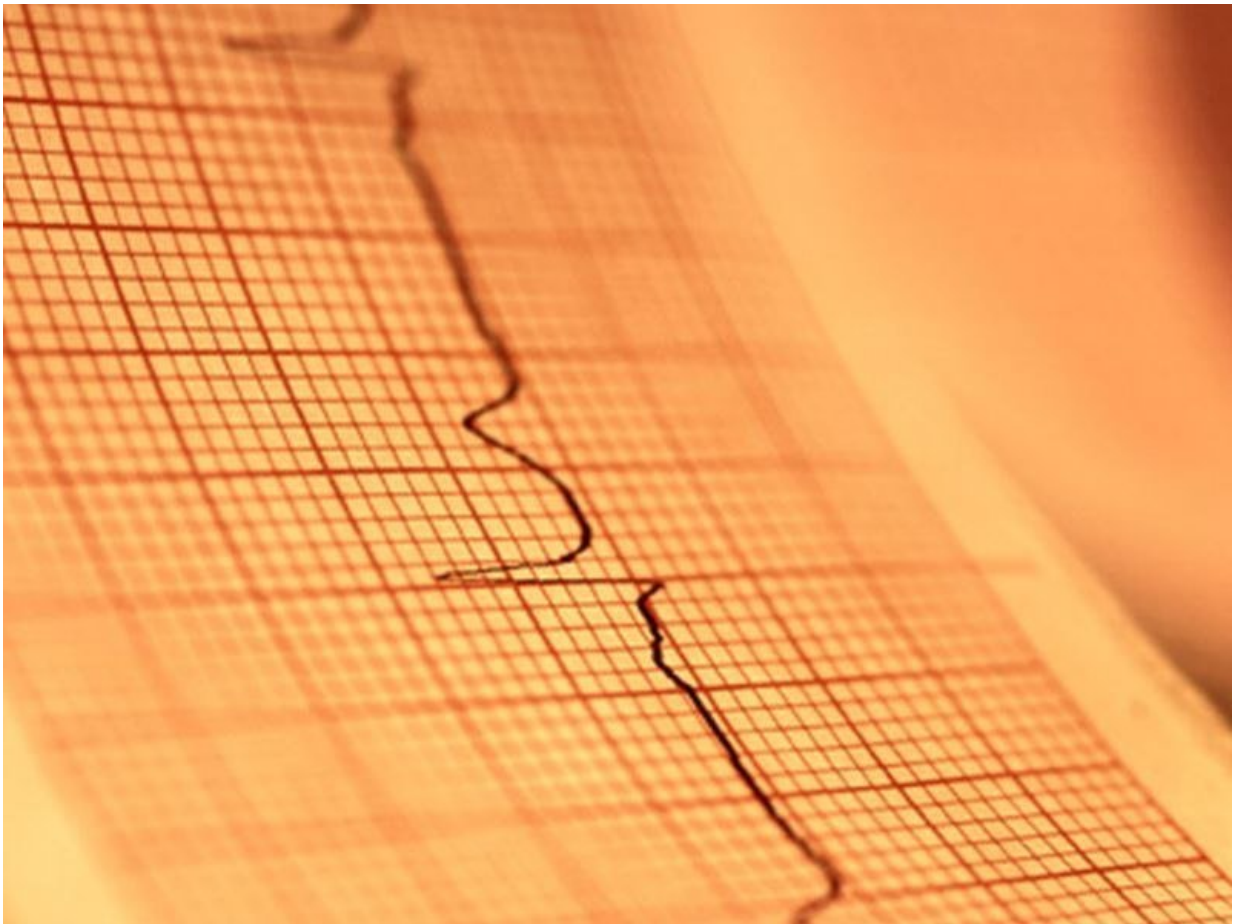


Risk conferred by T2D modified by HbA1c in heart failure

October 12 2017



(HealthDay)—For patients with heart failure, the risks conferred by type

2 diabetes (T2D) can be stratified by glycemic control and drug treatments, according to a study published online Oct. 11 in *JACC: Heart Failure*.

Claire A. Lawson, Ph.D., R.N., from the University of Keele in the United Kingdom, and colleagues compared patients with versus those without T2D for risk of all-cause first hospitalization and death in an incident [heart failure](#) database cohort. T2D was stratified by categories of hemoglobin A1c (HbA1c) or drug treatments.

The researchers found that T2D was associated with the risk of first hospitalization and mortality in heart failure (adjusted odds ratios [aORs], 1.29 and 1.24, respectively). Compared with the reference heart failure group without T2D, stratification of T2D by HbA1c levels showed U-shaped associations with both outcomes. The highest-risk categories were HbA1c >9.5 percent and 1 percent decrease with hospitalization and mortality (aORs, 1.33 and 1.36). T2D group with reducing drug treatments were associated with hospitalization and mortality (aORs, 2.13 and 2.09).

"In the general HF [heart failure] population, T2D stratified by [glycemic control](#) and drug treatments showed differential risk associations," the authors write. "Routine measures of dynamic diabetes status provide important prognostic indication of poor outcomes in HF."

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Citation: Risk conferred by T2D modified by HbA1c in heart failure (2017, October 12)

retrieved 2 May 2024 from

<https://medicalxpress.com/news/2017-10-conferred-t2d-hba1c-heart-failure.html>

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