

Age, CRP up risk for mortality in diabetes with COVID-19

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elevated C-reactive protein (adjusted odds ratio, 1.12; 95 percent confidence interval, 1.00 to 1.24; P = 0.043). There was an association for insulin usage with poor prognosis (adjusted odds ratio, 3.58; 95 percent confidence interval, CI 1.37 to 9.35; P = 0.009). For patients with diabetes and hypertension who had COVID-19, [clinical outcomes](#) were comparable for those using an angiotensin-converting enzyme inhibitor (ACEI) or angiotensin II type-1 receptor blocker (ARB) and those who did not use ACEIs/ARBs.

"Insulin usage was associated with [poor prognosis](#), suggesting that more attention is needed regarding patients with COVID-19 who have diabetes and use insulin," the authors write. "Neither comorbid hypertension nor ACEI/ARB medication use had a significant impact on clinical outcomes of patients with diabetes and COVID-19."

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(HealthDay)—For patients with diabetes and COVID-19, risk factors for mortality include older age and elevated C-reactive protein, and insulin usage is associated with poor prognosis, according to a study published online May 14 in *Diabetes Care*.

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Yuchen Chen, from the Huazhong University of Science and Technology in Wuhan, China, and colleagues conducted a retrospective study involving 904 patients with COVID-19 (136 with diabetes) to compare clinical and laboratory characteristics between the groups with and without diabetes. The authors examined risk factors associated with mortality or poor prognosis.

The researchers found that between cases of confirmed and clinically diagnosed COVID-19, the proportion of comorbid diabetes was similar. For patients with diabetes and COVID-19, [risk factors](#) for higher mortality included older age (adjusted odds ratio, 1.09 [95 percent confidence interval, 1.04 to 1.15] per year increase; P = 0.001) and

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