We use cookies to enhance your experience on our website. By clicking 'continue' **Continue** or by continuing to use our website, you are agreeing to our use of cookies. You Find out more can change your cookie settings at any time. JCEM SERVICES RECEIVE THE LATEST UPDATES IN THE CLINICAL PRACTICE SEATTLE, WA OF ENDOCRINOLOGY. ? Advance All The Journal of Clinical Endocrinology & Metabolism Proximal HbA<sub>1C</sub> Level and First Hypoglycemia Hospitalization in **Adults With Incident Type 2 Diabetes** Victor W Zhong, Juhaeri Juhaeri, Stephen R Cole, Christina M Shay, Penny Gordon-Larsen, Evangelos Kontopantelis, Elizabeth J Mayer-Davis □, The Journal of Clinical Endocrinology & Metabolism, Volume 104, Issue 6, June 2019, Pages 1989– 1998, https://doi.org/10.1210/jc.2018-01402 Published: 03 January 2019 Article history □ □ Cite Permissions □ Share □ Abstract Context Hemoglobin A<sub>1C</sub> (HbA<sub>1C</sub>) is an important predictor of severe hypoglycemia.

**Objective** 

To determine the association of proximal HbA<sub>1C</sub> level with first hypoglycemia hospitalization (HH) in adults with incident type 2 diabetes (T2D).

## Design, Setting, and Participants

A nested case-control study was designed using linked data from the Clinical Practice Research Datalink and Hospital Episode Statistics in England in 1997 to 2014. The first hypoglycemia event as primary diagnosis for hospitalization after T2D diagnosis was identified. Proximal HbA<sub>1C</sub> was measured within 90 days before the first HH.

#### **Main Outcome Measure**

OR for developing HH.

#### Results

The association of proximal HbA $_{1C}$  level with first HH was similar between HbA $_{1C}$  levels of 6.0% (OR, 1.54; 95% CI, 1.12 to 2.11) and 9.0% [1.48 (1.01 to 2.17)] compared with the reference HbA $_{1C}$  level of 7.0%. For proximal HbA $_{1C}$  level of 4.0% to 6.5%, every additional 0.5% increase in HbA $_{1C}$  was associated with lower first HH risk, with ORs (95% CI) ranging between 0.37 (0.20 to 0.67) and 0.86 (0.76 to 0.98). For proximal HbA $_{1C}$  level of 8.0% to 11.5%, every additional 0.5% increase in HbA $_{1C}$  was associated with higher first HH risk, with ORs (95% CI) ranging between 1.16 (1.04 to 1.29) and 1.34 (1.18 to 1.52). The U-shaped association between proximal HbA $_{1C}$  level and first HH did not exist among current sulfonylurea users but persisted among current insulin users ( $P_{interaction} = 0.002$ ). Among current noninsulin nonsulfonylurea users who had a first HH, 78% took insulin or sulfonylureas before the HH.

#### **Conclusions**

Having either poor or near-normal HbA<sub>1C</sub> was associated with a higher risk of first HH within 3 months in T2D.

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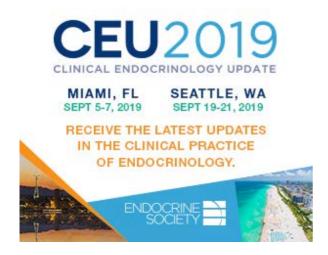
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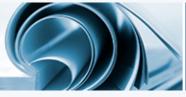
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