

Serum chloride predicts mortality risk in type 2 diabetes – analysis of 91,159 patients from the West of Scotland

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BACKGROUND AND AIM

- Serum chloride (Cl⁻) is routinely measured and is an emerging risk factor for mortality and CV disease
- Low serum Cl⁻ is associated with higher mortality in the general population, those with hypertension, heart failure, chronic kidney disease and stroke
- Aim of this study is to determine if serum chloride is associated with mortality risk (all-cause, CV, MI, heart failure (HF), stroke) in adults with T2DM

METHODS

Study population

- Data were available for 91,159 adults with T2DM from the Scottish Care Information Diabetes Collaboration (SCI-DC) database through NHS Greater Glasgow and Clyde Safehaven
- Follow-up period was 10 years
- Patients were stratified into two groups based on serum chloride levels (<100 and ≥100 mmol/l)

Statistical methods

- KM, Cox-PH and Spline regression models were used to study the association between serum chloride and cause-specific mortality
- Model1 (KM)
- Model 2 (Cox-PH and Spline regression) was adjusted for age, sex, smoking, deprivation (SIMD), duration of diabetes, SBP, BMI and HBA1c

DECILITE

KESULIS	Demographics

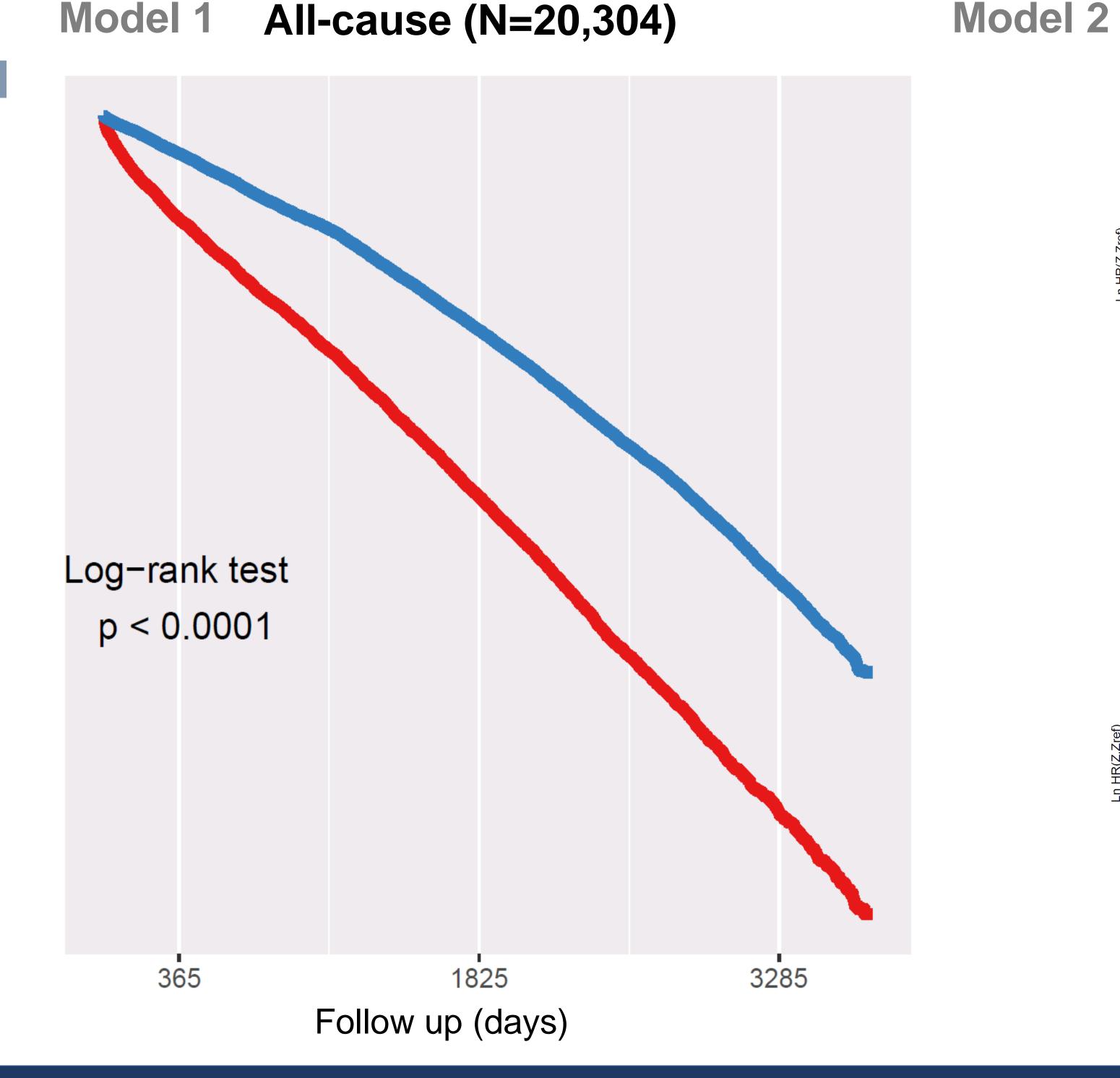
N=13,459	N=77,757	
62.5 (50.9-73.1)	61.2 (50.2-71.4)	< 0.001
6270 (47)	36504 (47)	0.4
96.7 (3)	103.9 (2.5)	< 0.001
135.3 (3.8)	139.2 (2.5)	<0.001
	6270 (47) 96.7 (3)	6270 (47) 36504 (47) 96.7 (3) 103.9 (2.5)

Model 2

Model 1

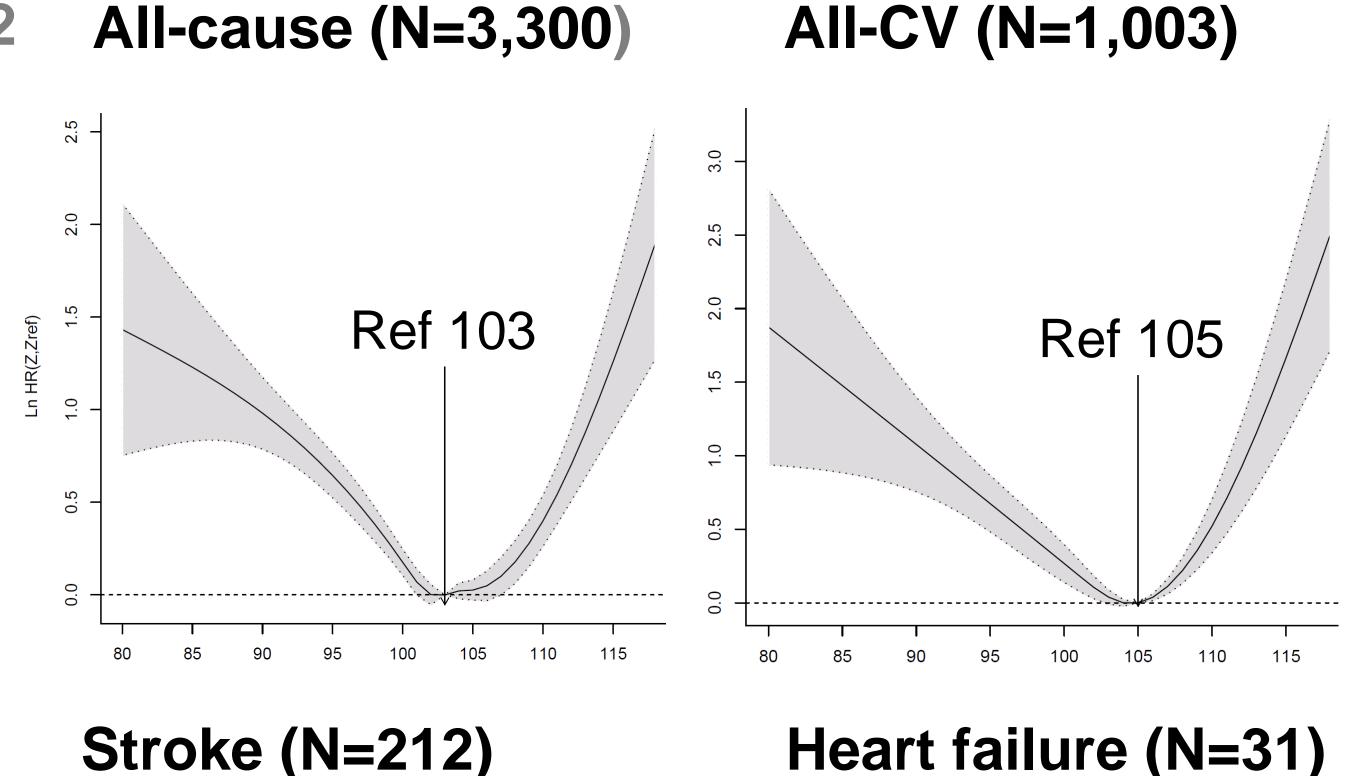
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		N=24,408
Age, years (SD)		59.7 (12.7)
Female, N (%)		10779 (44.2)
Smoker, N (%)		12996 (53.2)
SIMD quintile (%)		
	1	10014 (41)
	2	4529 (18.6)
	3	3504 (14.4)
	4	2760 (11.3)
	5	3601 (14.8)
T2DM duration, years (SD)		6.5 (4.9)
SBP, mmHg (SD)		134 (19)
BMI, kg/m ² (SD)		31.1 (5.9)
HBA1 _c , % (SD)		7.8 (1.87)
Cl ⁻ , mmol/L (SD)		102.2 (12.2)

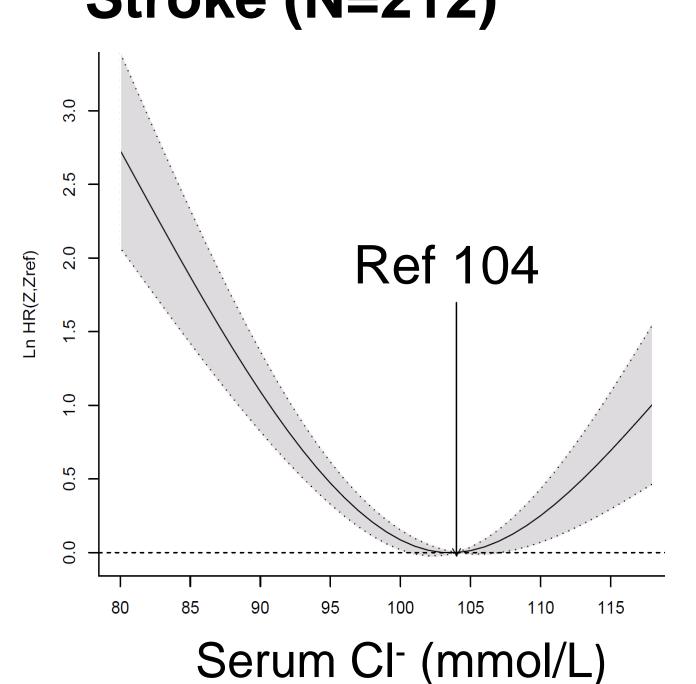
Univariate All-Cause Mortality

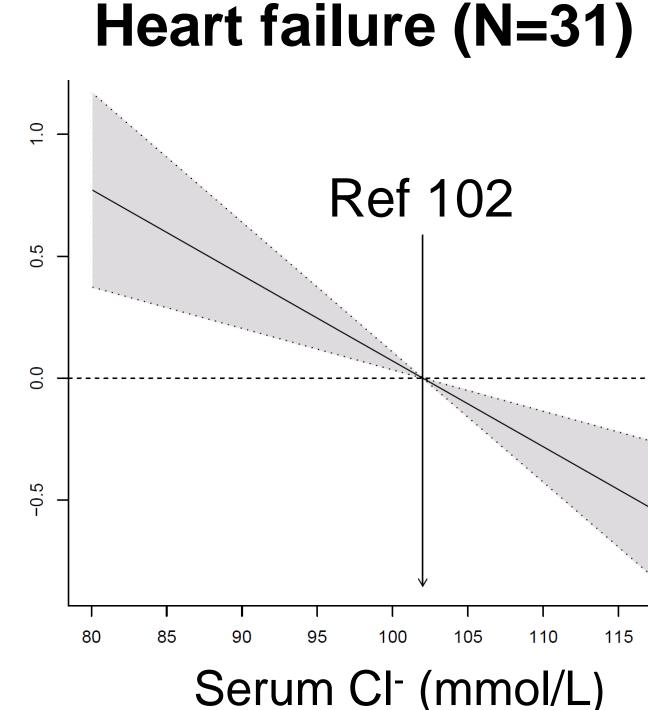


Adjusted Cause Specific Mortality









CONCLUSION

Low serum chloride, within the normal laboratory reference range, is associated with greater risk of all-cause mortality and cardiovascular mortality