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Association between Random Glucose Level, HbA1c and COVID-19 Mortality: A Single Center, Cross-Sectional Study

Introduction

Although coronavirus disease (COVID-19) caused by the acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is no longer new, it is still noted as one of the worst pandemics as it has resulted in millions of confirmed infections and deaths. A prior study has described the increased mortality risk observed among COVID-19 patients with diabetes mellitus (DM), wherein blood glucose level is a critical prognostic factor for COVID-19 mortality in patients with and without DM [1]. On the other hand, conflicting data have been reported on HbA1c levels before admission or at admission in relation to COVID-19-related mortality in patients with DM [2]. This study aims to determine the relationship of random plasma glucose (RPG) and HbA1c levels to COVID-19 mortality in hyperglycemic subjects with and without type 2 diabetes (T2D), as well as in normoglycemic subjects with T2D.

Materials and methods

This retrospective observational study with a cross--sectional method was conducted at a central referral

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Received: 21.07.2023 Accepted: 9.08.2023 Early publication date: 16.09.2023 hospital in Makassar, Indonesia from July 2020 until the required sample size was met. This study applied the purposive sampling technique, with the population being hyperglycemic and T2D patients who have been treated for COVID-19 infection and the sample size being 100 subjects who met the inclusion criteria. Application for ethical clearance was submitted to the faculty's Biomedical Research Ethics Committee and approved prior to the study. For the data analysis process, the chi square test was carried out using SPSS version 25; the statistical test result is considered significant if the p value is less than 0.05.

Results

The results are presented in Table 1.

Discussion

From the correlation of RPG and HbA1c levels to mortality outcomes, the percentage of subjects who died was compared to the percentage of those who survived. In the T2D hyperglycemic variable, 15 subjects died (17.4%), while 71 subjects survived (82.6%). As for the non-T2D hyperglycemic variable, 4 subjects died (57.1%), whereas 3 subjects survived (42.9%). Meanwhile, in the T2D normoglycemic variable, no subject died (0%) and 7 survived (100%). Furthermore, the p-value of = 0.015 (p < 0.05) obtained in the chisquare test signifies a statistically significant relationship between variables. Our results are in line with existing studies, showing that poor blood glucose control

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Table 1. Association of Random Plasma Glucose (RPG) and HbA1c to COVID-19 Mortality

Quantity and Percentage	Variables	COVID-19 mortality		Total	p-value trend
		Yes	No	_	
N	T2D hyperglycemic	T2D hyperglycemic 15		86	
%	(RPG \geq 140 mg/dL and HbA1c \geq 6,5%)	17,4%	82,6%	100%	
N	Non-T2D hyperglycemic	4	3	7	
%	(RPG \geq 140mg/dL and HbA1c $<$ 6,5%)	57,1%	42,9%	100%	0.045
N	T2D normoglycemic	0	7	7	0.015
%	(RPG < 140 mg/dL and HbA1c $\ge 6,5\%$)	0.0%	100%	100%	
N	Total	19	81	100	
%		19,0%	81,0%	100%	

HbA1c — glycated hemoglobin; T2D — type 2 diabetes

The chi-square test obtained a p-value of 0.015 (< 0.05), indicating a significant relationship

in T2D or hyperglycemia is associated with mortality in COVID-19 conditions [3, 4]. Based on the findings above, it can be concluded that there is an association of RPG and HbA1c levels to COVID-19 mortality.

Article information

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Conflict of interest

The authors declare that there is no conflict of interest.

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