Original Research Article

A Prospective Analytical Study on Correlation of Serum Uric Acid and HbA1C in Prediabetic and Diabetic Patients

ABSTRACT

Aims: Diabetes mellitus is a metabolic disorder characterised by hyperglycaemia caused by either deficiency in insulin production or insulin action, or both. HbA1c is a commonly accessible test indicated by most doctors to assess the long term glycaemic control in diabetes patients over the duration of past 3 months. Oxidative stress can be predicted in both diabetic and non-diabetic patients through the serum uric acid levels. Therefore, this study aimed at finding out the association between serum uric acid and glycaemic control (HbA1c).
Study design: Prospective Analytical Observational Cross Sectional Study
Place and Duration of Study: Department of General Medicine, KLES Dr. Prabhakar Kore Hospital, Belagavi; conducted between 1st January 2020 to 31st December 2020.
Methodology: A one year prospective analytical observation type of study was conducted on 108 patients between the ages of 30 and 70 years diagnosed with Type 2 Diabetes Mellitus and Prediabetes were included in this research. Patients diagnosed with myeloproliferative or lymphoproliferative illnesses, psoriasis, pregnancy, gout and those on medications for gout, and chronic alcoholics were excluded. Enzymatic approach was used to measure serum uric acid (UA) using an automated device and HPLC technique was used to measure whole blood HbA1c.
Results: 108 patients were included in the research out of which, 67 were diabetics and 41 were pre-diabetics. A majority of the participants were males, with a mean age of 59.12±14.06 years. The serum uric acid was substantially greater amongst the patients with diabetes mellitus (6.76±3.1mg/dL) compared to participants with pre-diabetes (5.5±1.9mg/dL). The serum HbA1c and the serum uric acid have a mild positive significant association in diabetics.
Conclusion: There is a weak association of serum uric acid with HbA1c among diabetic patients. Diabetes mellitus patients have greater serum uric acid levels than those with prediabetes mellitus.

Keywords: Diabetes mellitus, HbA1c, Prediabetes, Serum Uric acid

1. INTRODUCTION

Diabetes mellitus is a group of diseases characterised by hyperglycaemia and is caused due to either poor insulin production or insulin action, or both. It consists of two types: Type-1 and Type-2. Type-1 diabetes mellitus is characterised by a severe or near-severe lack of insulin. Type-2 diabetes mellitus shows insulin resistance which is diminished capacity of insulin to act on the peripheral tissue. However, it is possible for the cells of the pancreas to generate enough insulin in the early stages of insulin resistance in order to

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control blood glucose levels. Type-2 diabetes mellitus can occur as a result of failure of pancreatic cells caused by insulin overproduction. Chronic hyperglycaemia is related with long term damage, malfunction and failure of multiple organs including eyes, kidneys, nerves and heart(1).

Poor glucose tolerance or low fasting glucose levels are the characteristics of prediabetes, which is a disorder of glucose homeostasis. Although it is possible to reverse the intermediate hyperglycaemic stages, it increases the risk of acquiring type 2 diabetes(1).

The prevalence of diabetes mellitus is rising at an alarming rate over the world and is on its way to amount to pandemic proportions. People (aged 20–79) with diabetes account for 6.4% of the global population in 2010, rising to an estimate of 406 million adults in 2018 and 511 million adults in 2030, according to the World Diabetes Atlas. India has the greatest number of diabetes patients in the world projected to be roughly 69.2 million in the year 2015 and is anticipated to climb to approximately 87 million by the year 2030(2). Wild et al have anticipated a similar two fold escalation in the prevalence of diabetes in the globe as a whole, with a highest increase in India impacting up to 79.4 million people(3). Hence, diabetes is a serious health care concern in India.

Serum uric acid levels can be used for predicting the renal damage of both diabetic and non-diabetic patients(4). Uric acid production occurs as the final waste product of the purine metabolism by xanthine oxidase's enzymatic activity and finds its way into the bloodstream (5). High serum uric acid levels can indicate its poor elimination from the body, thereby reflecting the kidneys' filtration efficiency.

Glycated haemoglobin (HbA1c) is an established marker of the mean blood glucose and can be used to assess the long term glycaemic control in diabetes patients over the duration of the past 2-3 months. A1c in haemoglobin binds non-enzymatically to circulating glucose and therefore these levels will rise as a result of increased glucose levels in the bloodstream(6). HbA1c is also a biomarker of risk factors for diabetic micro and macro-vascular problems and provides information on the degree of hyperglycaemia.

Thus, the current study aimed to understand the correlation of HbA1c and serum uric acid in patients of diabetes and prediabetes.

2. MATERIAL AND METHODS

2.1 Study design

A one year hospital based observational cross sectional study was conducted from 1st January 2020 to 31st December 2020. The study protocol was approved by the institutional ethical committee of JN Medical College Belagavi, Karnataka. All participants signed an informed consent form prior to taking part in the study.

Study population included patients with previously diagnosed diabetes and pre-diabetes, aged between 30 to 70 years admitted in the ICU and wards of KLES Dr.

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Prabhakar Kore Hospital, Belagavi. Patients on medications for hyperuricaemia, alcoholics, those suffering from myeloproliferative disease, lymphoproliferative disease and psoriasis, pregnancy and those diagnosed with gout were excluded.

After a detailed history and clinical examination, venous blood obtained from each patient following overnight fasting was used for biochemical analysis. Serum Uric Acid (UA) was tested through an automated device by enzymatic method whereas whole blood HbA1c was assessed by HPLC technology.

2.2 Statistical analysis

IBM SPSS version 23 was used to perform statistical analysis on the data. The data was provided as mean, standard deviation, and quartile range. The mean difference between all of the subjects' baseline attributes was compared using a student t-test. An independent t-test was used to compare the baseline in age and gender groups. The link between uric acid and HbA1c levels in both groups of patients was assessed using Pearson's correlation coefficient and multinomial logistic regression analysis for association. A p-value of < 0.05 was judged statistically significant.

3. RESULTS AND DISCUSSION

Majority of the participants of the study were male, and the mean age of the total study population was 59.12 ± 14.06 years. A summary of demographic data is shown in Table 1.Distribution of patients into diabetes and prediabetes category based on HbA1c levels is depicted in Table 2.

Table 1. Demographics

Age (n=108)	**Minimum** **21**	**Maximum** **87**	**(Mean ±SD)** **59.12 ± 14.06**
Gender	**Female** 41 (38%)	**Male** 67 (62%)	
Height (in cm)	**Minimum** 153	**Maximum** 172	**(Mean ±SD)** 161.12 ± 3.974
Weight (in kg)	**Minimum** 58	**Maximum** 102	**(Mean ±SD)** 75.44 ± 8.189
BMI (in kg/m^2)	**Minimum** 22.00	**Maximum** 42.00	**(Mean ±SD)** 29.02 ± 3.33
Serum Uric Acid (in mg/dl)	**Minimum** 1.7	**Maximum** 18.9	**Mean ± SD** 6.172 ± 2.78
Habits	**None** 71 (65.7%) **Smoking** 23 (21.3%) **Tobacco chewing** 14 (13%)		
Diabetic Retinopathy	**Yes** 49 (45.4%) **No** 59 (54.6%)		

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Table 2. Distribution of diabetes and pre-diabetes patients based on HbA1c

	Frequency (n)	Percentage (%)
Diabetes Mellitus	67	62.0
Pre-diabetes Mellitus	41	38.0
Total	108	100.0

Comparison of weight between the diabetic and prediabetic group was found to be statistically significant (p= 0.02). Similarly, comparison of HbA1c values of both groups was found to be statistically significant with a p value of 0.001. The serum uric acid was substantially greater among the patients with diabetes mellitus (6.76 ± 3.1mg/dL) compared to participants with pre-diabetes (5.5 ± 1.9 mg/dL). Serum uric acid values were also statistically significant on comparison (p = 0.03). A comparison of mean of continuous variables of the two groups by student t- test is shown in Table 3.

Table 3. Mean of continuous variables compared between the two groups.

	Diabetes Mellitus	Pre-diabetes Mellitus	Student t-test	
	Mean ± SD	Mean ± SD	t-value	p value
Age in yrs	60.27 ± 13.99	57.24 ± 14.15	1.-085	0.28
Height in cm	161.55 ± 4.30	160.41 ± 3.30	1.451	0.150
Weight in kg	76.79 ± 9.34	73.22 ± 5.21	2.241	0.02*
BMI in kg/m^2	29.43 ± 3.80	28.38 ± 2.31	1.593	0.114
HBA1C in %	9.2 ± 2.3	6.0 ± 0.2	8.841	0.001**
Serum Uric Acid in mg/dl	6.76 ± 3.1	5.5 ± 1.9	1.900	0.03*
*p<0.05 is considered statistically significant; **p<0.001 is considered statistically highly significant.				

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Table 4 represents the incidence of diabetic retinopathy in the participants which was found to be significantly higher in diabetics as compared to prediabetic individuals.

Table 4. Comparison between the groups with diabetic retinopathy

		Diabetes Mellitus		Pre-diabetes Mellitus		Chi-square
		Count	Column N %	Count	Column N %	(p-value)
Diabetic retinopathy	NO	18	26.9%	41	100.0%	54.88 (0.001)**
	YES	49	73.1%	0	0.0%	

Chi square analysis of diabetic and prediabetic population who had habits of smoking and tobacco chewing did not yield any significance. Similarly, t-tests of BMI of diabetic and prediabetic group were not statistically significant. HbA1c and the serum uric acid have a mild positive significant association in diabetics. (Refer Table 5)

Table 5. Pearson's association between HbA1c and serum uric acid.

		Serum Uric acid
HBA1C in %	Pearson Correlation	0.237*
	Sig. (2-tailed)	0.014
*p<0.05 is considered statistically significant.		

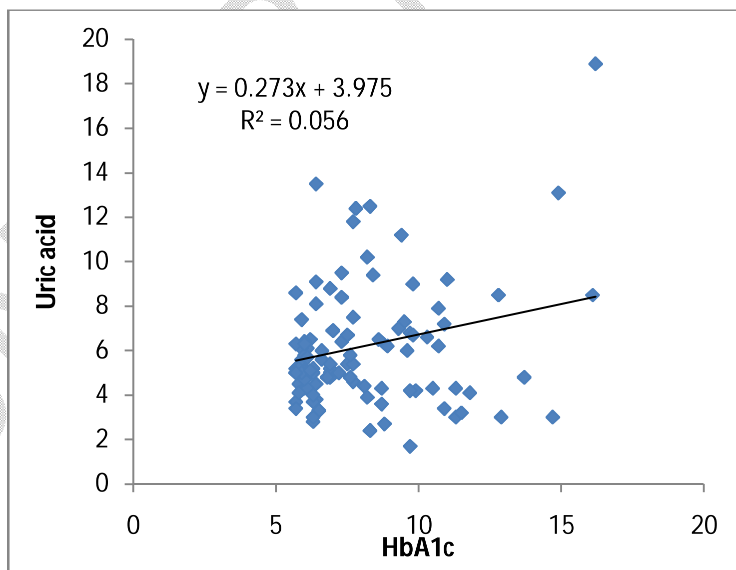

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Fig.1: Correlation between HbA1c and serum uric acid

3.1 DISCUSSION

Glycated haemoglobin (HbA1c) levels are often used to predict diabetes in individuals with high blood sugar levels or suspected diabetics(7) . It is used as an indicator of the average glucose levels of the individual for the past two to three months. HbA1c levels can also be used to monitor and manage diabetes. A value between 5.7% and 6% is considered prediabetic, while that ≥ 6.5% is diagnosed as diabetic. In our study, the mean HbA1c was found to be (9.2±2.3) in patients with diabetes mellitus and (6.0±0.2) in participants with pre-diabetes.

Diabetes is known to be associated with several other conditions including retinopathy, neuropathy, nephropathy, macrovascular diseases, cardiomyopathy, non alcoholic fatty liver disease and other such complications that lead to a poor prognosis(8). Our study evaluated the participants for these complications and habits that lead to them like tobacco chewing and smoking (9). It was found that patients with diabetes had a significantly higher incidence of diabetic retinopathy than those with pre-diabetes mellitus. Twenty-three of the total 108 participants smoked cigarettes, while 14 of them had a habit of chewing tobacco. However, there was no discernible difference between the two groups in terms of the distribution of habits.

Serum uric acid is a reflection of the purine catabolism within an individual, and can be significantly elevated in those with metabolic diseases, chronic kidney disease and atherosclerotic changes. Recently, a number of researchers have been interested in finding out the correlation between serum uric acid levels and diabetes mellitus. However, it is unclear whether the uric acid levels rise or fall with an increasing blood glucose level as shown by HbA1c values. Some studies have referred to this phenomenon as the 'bell fit', wherein, initially uric acid levels increase with an increasing blood glucose level, and later serum uric acid levels decrease with a continued rise in blood glucose levels(10–12). Evaluation of the serum uric acid levels in both, diabetes and prediabetes population can be helpful in indicating the progression or severity of diabetes along with Hb1Ac.

In the current study, serum uric acid was substantially greater among the patients with diabetes mellitus (6.76±3.1mg/dL) as compared to participants with pre-diabetes (5.5±1.9mg/dL). Rao et al., in a research similar to this one, found a greater mean of serum uric acid in those with diabetes and pre-diabetes mellitus(13). Haque T et al. found that the serum uric acid level in diabetes mellitus patients was lower than in those with pre-diabetes, which is in contrast to the current study(14).

The mean age of participants in the present study was found to be 59.12±14.06yrs of age, with male predominance. At a mean age of 57.24 ±14.15 years for those with prediabetes and mean age of 60.27± 13.99 years for those with diabetes, there was no statistically significant difference in age between the two groups. The mean weight among the patients with diabetes mellitus was significantly higher (76.79±9.34 kg) than in the group of pre-diabetes (73.22±5.21 kg). BMI and waist circumference can be valuable predictors of diabetes(15), and were therefore measured in our study to compare the values in diabetes and prediabetes groups. However, the mean height and BMI of the participants did not differ significantly between the two groups. In a study similar to this one, Haque T et al. found that men were more likely than women to have diabetes or pre-diabetes(14).

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A correlation of HbA1c and serum uric acid levels in diabetes and prediabetes can help in understanding the patterns of these entities with advancing disease progression.

In our observational investigation, HbA1c levels were correlated with uric acid levels in patients with prediabetes and type 2 diabetes mellitus. 41 patients had prediabetes in while 67 patients were diagnosed as diabetes mellitus.

In our study, we found that there is a weak positive significant correlation between serum HbA1c with the serum uric acid. However, studies by Dehghan A et al. and Chien K-L et al have found that serum uric acid , blood glucose and HbA1c levels were significantly associated(16,17). According to a study by Cui Y et al, this correlation between serum uric acid and HbA1c is dependent on insulin levels in the patients of diabetes and prediabetes, which might influence the results (12).

Studies by Kramer CK et al. and Kodama S et al. have identified a link between serum uric acid and diabetes(18,19), however in a 16 year follow-up study of Japanese people, uric acid was found to be unrelated to a statistically significant increase in the risk of T2DM(20). Another study by Wu Q et al has concluded that an increased serum level poses a higher risk of developing T2DM and prediabetes in women when compared to men(21). A recent study by Modi AS and Sahi N in diabetic persons in India revealed no significant association between SUA and FBG (22). A study on National Health and Nutrition Examination Survey Participants indicated that serum uric acid levels were inversely associated with T2DM(23).

4. CONCLUSION

According to our study, there appears to be a poor association between HbA1c and serum uric acid among the participants diagnosed with diabetes and prediabetes. Participants identified as pre-diabetes mellitus had a lower serum uric acid level those with diabetes mellitus. Although an association between serum uric acid levels and HbA1c is seen in persons with diabetes mellitus, the correlation found was modest.

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CONSENT (WHERE EVER APPLICABLE)

"All authors declare that 'written informed consent was obtained from the patient (or other approved parties) for publication of this original article. A copy of the written consent is available for review by the Editorial office/Chief Editor/Editorial Board members of this journal."

ETHICAL APPROVAL (WHERE EVER APPLICABLE)

"All authors hereby declare that all experiments have been examined and approved by the appropriate ethics committee and have therefore been performed in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki."

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