

Glucose levels at admission predict death in pneumonia

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"Serum glucose levels on admission to hospital can predict death in patients with community-acquired pneumonia without preexisting diabetes," the authors write. "Acute hyperglycemia may therefore identify patients in need of intensified care to reduce the risk of death from community-acquired pneumonia."

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(HealthDay) -- For patients with community-acquired pneumonia without preexisting diabetes, serum glucose levels at admission are predictive of death at 28 and 90 days, according to a study published online May 29 in *BMJ*.

To investigate whether acute dysglycemia predicts death in patients with community-acquired pneumonia, Philipp M. Lepper, M.D., from the University Hospital of Saarland in Homburg, Germany, and colleagues conducted a multicenter [prospective cohort study](#) involving 6,891 patients with community-acquired pneumonia between 2003 and 2009.

The researchers found that, for patients with community-acquired pneumonia and no preexisting diabetes, an increased [serum level](#) at admission was a predictor of death at 28 and 90 days. Compared to patients with normal glucose levels on admission, patients with serum concentrations of 6 to 10.99 mmol/L (mild acute [hyperglycemia](#)) had a hazard ratio of 1.56 for death at 90 days, and the risk increased to 2.37 with a serum concentration of ≥ 14 mmol/L. Compared to those without preexisting diabetes, patients with preexisting diabetes had significantly increased overall mortality, independent of glucose level on admission (crude hazard ratio, 2.47).

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